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I. MEMBER UTILIZATION

A. Overview

Member utilization review identifies members who are using the Indiana Health Coverage Programs (IHCP) services more extensively than their peers. The goal of the IHCP is to provide quality health care through health care management, which includes restriction to assigned providers. The Restricted Card Program (RCP) monitors member utilization with a written referral being made only when medically necessary. Members are assigned (locked-in) to one primary care physician (PCP), one pharmacy, and one hospital, for emergency services only. If a member requires specialty services, the PCP must make the referral for those services to be reimbursed.

B. RCP Procedures

Restricted use is the administrative action taken by the IHCP when it has been determined that a member has abused or overused services. After a review process, members are placed on restricted utilization through the RCP.

Members are selected for review based on their utilization practices compared with other members of the same age and aid category. Reviews also can be initiated due to referrals of potential overuse or abuse from various sources, such as providers or other agencies.

1. Member Utilization Review

Identification of members eligible for the Restricted Card may come from a variety of sources including.

- a. Statistical Analysis Databases: IHCP contractors may supply information to HCE regarding the member's utilization of services. A large portion of current RCP members were found using lists provided to HCE by Myers and Stauffer. The members on the lists were shown statistically to overutilize IHCP services and identifies aid category and age group aggregated members. Such members fell more than three standard deviations from the mean in a specific aid category.
- b. Referrals to the Surveillance and Utilization Review (SUR) Program Integrity Specialist: Any person or source may contact SUR when overutilization or misutilization is suspected. Such sources may include the Office of Medicaid Policy and Planning (OMPP), state and local law enforcement agencies, county caseworkers, pharmacies, physician offices, and emergency rooms. Referrals may be made by telephone, mail, or e-mail to SUR. Leads (referrals) will be processed in 60 calendar days by Program Integrity. Typical referral reasons include suspected prescription forgery, drug dealing, and overutilization of services.

- c. **Data Mining Techniques:** Patterns of member utilization can be aggregated from *IndianaAIM*. Areas of high utilization can be determined from the review of multiple areas including, but not limited to, the following.
 - Number of physicians visited
 - Number of physicians writing prescriptions
 - Number of pharmacies used
 - Number of emergency room (ER) visits
 - Number of prescriptions
 - Review of diagnoses with a focus on the medical necessity of all services provided to a member
 - County-by-county analysis with predetermined review factors such as emergency room and volume indicators
 - d. **Member Ranking Report:** This report is used on a quarterly basis to find members with high utilization of services.
 - e. **Medstat Algorithms:** Through statistical analysis, algorithms aggregate data from *IndianaAIM* using Data Probe to find members who have suspect utilization of services.
2. **Initiation of Member Restriction**
- a. **Verification of Member Eligibility:** The member's eligibility for IHCP services is verified by a Restricted Card Reviewer or Specialist in *IndianaAIM* utilizing the Recipient Search, Recipient Base, and Recipient Eligibility Screens. Member status is also checked for Dual Aid (Medicare and Medicaid eligibility), and Primary Medical Physician (PMP) assignment. **See Figures I – 1 through I – 5**, on the following pages.

FIGURE I – 1
RECIPIENT SEARCH

The screenshot shows a window titled "Recipient Search" with a menu bar (File, Edit, Applications, Options, Addtl Options). The form contains several input fields: RID No., Medicare ID, SSN, Last Name, Previous ID, Case Number, Birth Date (pre-filled with 0000/00/00), and First Name. A "Search" button is located to the right of the Birth Date field. Below the input fields is a large empty rectangular area. At the bottom of the window are three buttons: "New", "Select", and "Exit".

FIGURE I – 2
RECIPIENT BASE

The screenshot shows a window titled "Recipient Base" with a menu bar (File, Edit, Applications, Options, Addtl Options). The form is divided into several sections. The top section includes fields for RID No., Name, Address 1, Address 2, City (pre-filled with INDIANAPOLIS), State (pre-filled with IN), Zip (pre-filled with 46226 0000), Birth Date, Death Date (pre-filled with 0000/00/00), County Code (pre-filled with 49), Active (pre-filled with YES), Age (pre-filled with 8), Money Grant (pre-filled with YES), Suspect (pre-filled with NO), Facility Code, Alien (pre-filled with Legal), Race (pre-filled with 2), Sex (pre-filled with FEMALE), Marital Status (pre-filled with S), SSN, Ward Code (pre-filled with NO), Primary Language (pre-filled with ENGLISH), and Ward County. Below this is a "Phone" field. The next section contains Case Number, Case Worker, and Family Size (pre-filled with 05). The bottom section has a "Next RID No." field and an "Inquire" button. At the very bottom are three buttons: "New", "Save", and "Exit".

FIGURE I – 3
RECIPIENT ELIGIBILITY

Recipient Eligibility

File Edit Applications Options Addtl Options

RID No.: Name:

Health Program Eligibility

Health Program	Effective Date	End Date
MA	1995/02/10	2299/12/31

New Pgm

Aid Category Eligibility

Aid Category	Effective Date	End Date	Stop Reason
2	2001/03/01	2299/12/31	Open
Z	2001/01/01	2001/02/28	Regular
C	1996/03/01	2000/12/31	Regular
X	1995/02/10	1996/02/29	Regular

New Aid

Save Exit

FIGURE I – 4
RECIPIENT DUAL AID ELIGIBILITY

Dual Aid Category Eligibility

File Edit Applications Options Addtl Options

RID No.: Name:

Aid Category	Effective Date	End Date
L	2000/11/01	2299/12/31

New Save Exit

FIGURE I – 5
RECIPIENT PMP ASSIGNMENT HISTORY

The screenshot shows a window titled "PMP Assignment History" with a menu bar (File, Edit, Applications, Options, Addtl Options). Below the menu bar are input fields for "RID No.:" and "Name:". The main area has a blue header with the following fields: "Provider:", "Loc:", "MCO:" (with a dropdown showing "S"), "Group:", "Start Date:" (1997/08/15), and "End Date:" (1997/09/30). Below this, "Start Reason:" is "New Eligible" and "StopReason:" is "Expired Managed Care Segment.". There is also a "Mng Care Network" field with "PCCM" selected. Below the blue header is a large empty white box. At the bottom, there is a table titled "Aid Category Eligibility".

Health Program	Aid Category	Effective Date	End Date	Stop Reason
MA	N	19970401	19970930	Regular

At the bottom of the window are three buttons: "New", "Select", and "Exit".

3. Member Notification and Implementation Process

- a. After the member's eligibility has been verified, an Initial Notification Letter is sent to the member along with a cover sheet. **See Exhibit C – B and Exhibit C – C.** The letter and cover sheet explain the RCP guidelines and the member's appeal rights. The member has ten calendar days to respond by either informing SUR, by telephone or in writing, of selected providers or by indicating that the member desires to appeal. The restriction implementation process will be completed in 20 calendar days if the member does not appeal. To promote personal safety of RCP staff members, only the first name and last initial of the RCP staff will be used on member and provider correspondence. A pseudonym for the last name may also be used.
- b. To stop the automatic implementation of the restriction, the member must appeal within ten calendar days. The member's appeal must be made in writing and sent to the Indiana Family and Social Services Administration (IFSSA). See Member Hearings and Appeals, section 4, for additional details.
- c. If the member calls SUR within ten calendar days and is in agreement with the restriction, the member will select one primary care physician, one pharmacy, and one hospital. A letter is sent to the member confirming the provider selections. **See Exhibit C – D.** If the member is currently under the care of a specialist, or if the member indicates that he or she has an upcoming initial appointment with a specialist, the member is informed that the primary care

physician must make the referral to the specialist and send a copy of the referral to HCE.

- d. The Restricted Card Reviewer or Specialist will enter the member's restriction and provider selections in IndianaAIM on the Recipient Restriction Periods and Recipient Providers Per Restriction Period Screens. The same information will be entered in the SURS database. See Figures I – 6 and I – 7.

**FIGURE I – 6
RECIPIENT RESTRICTION PERIODS**

Recipient Restriction Periods

File Edit Applications Options Addtl Options

RID No.: Name:

Restriction Indicator	Restriction Effective Date	Restriction Review Date	Restriction End Date
IN	2003/07/18	2006/07/18	2299/12/31

New Save Select Exit

**FIGURE I – 7
RECIPIENT PROVIDERS PER RESTRICTION PERIOD**

Recipient Providers Per Restriction Period

File Edit Applications Options Addtl Options

RID No.: Name:

Restriction Indicator: Effective Date: End Date:

Prov ID	Claim Type	Prov Type	Prov Spec	Effective	End Date
	P	24	240	2003/07/18	2299/12/31
	M	31	344	2003/07/18	2299/12/31

New Save Select Exit

- e. Members who have dual eligibility with Medicare and Medicaid Select only the primary care physician and pharmacy. Specialists can be selected in the same manner as other Restricted Card Members. Since Medicare is the primary payment source for dual eligibility members, the hospital selection is not required.
- f. Members who are enrolled in Primary Care Case Management (PCCM), must choose a primary care physician who is part of this program. The Restricted Card Reviewer or Specialist will contact the PCCM enrollment broker, AmeriChoice (AC), to coordinate the provider selection process for a PMP as follows.
 - (1) If the member calls in with a physician selection, SUR determines if the physician is the member's PMP in PCCM as verified in *IndianaAIM*. SUR will review the appropriateness of the PMP assignment by looking for utilization abnormalities. If no problems are found, the restriction process continues as outlined for traditional Medicaid members.
 - (2) If the member does not have a PMP, or wants to change the PMP, or if the chosen PMP displays utilization abnormalities, a new PMP will be selected. SUR requests the member's PCCM PMP history from AC via e-mail. After an AC reply, HCE informs the member by telephone of PMP options. A PMP is selected and SUR informs AC of the PMP selection by e-mail or telephone. AC provides an effective date to SUR for the PMP. AC updates its computer system and *IndianaAIM* for the PMP change. SUR enters the chosen PMP to the member's lock-in base in *IndianaAIM*, thus implementing the restriction for the PCCM member. **See Section C, Exhibits C – E and C – F.** Members who have dual eligibility with Medicare and Medicaid Select only the primary care physician and pharmacy. Specialists can be selected in the same manner as other Restricted Card Members. Since Medicare is the primary payment source for dual eligibility members, the hospital selection is not required.
 - (3) If the PCCM restricted member wants to change PMP after the initial restriction, SUR and AC will repeat the process in (2).
 - (4) The PCCM member will select pharmacy and hospital providers in the same manner as the traditional Medicaid member.
 - (5) The PCCM member who wants to appeal the restriction may do so in the same manner as the traditional Medicaid member.
- g. Members who are enrolled in Medicaid Select may also be assigned to the RCP. AmeriChoice (AC) is the enrollment broker for Medicaid Select. The PMP selection process will be similar to the one described for PCCM members. (During the initial enrollment phase for members in Medicaid Select, AC will attempt to have a Restricted Card member's current PCP enroll as the member's Medicaid Select PMP.) If the provider change is needed and the member cannot be reached by telephone, and AC has

designated the current PMP by e-mail or telephone call, the member will be auto-assigned to the current PMP. **See Exhibit C – G.**

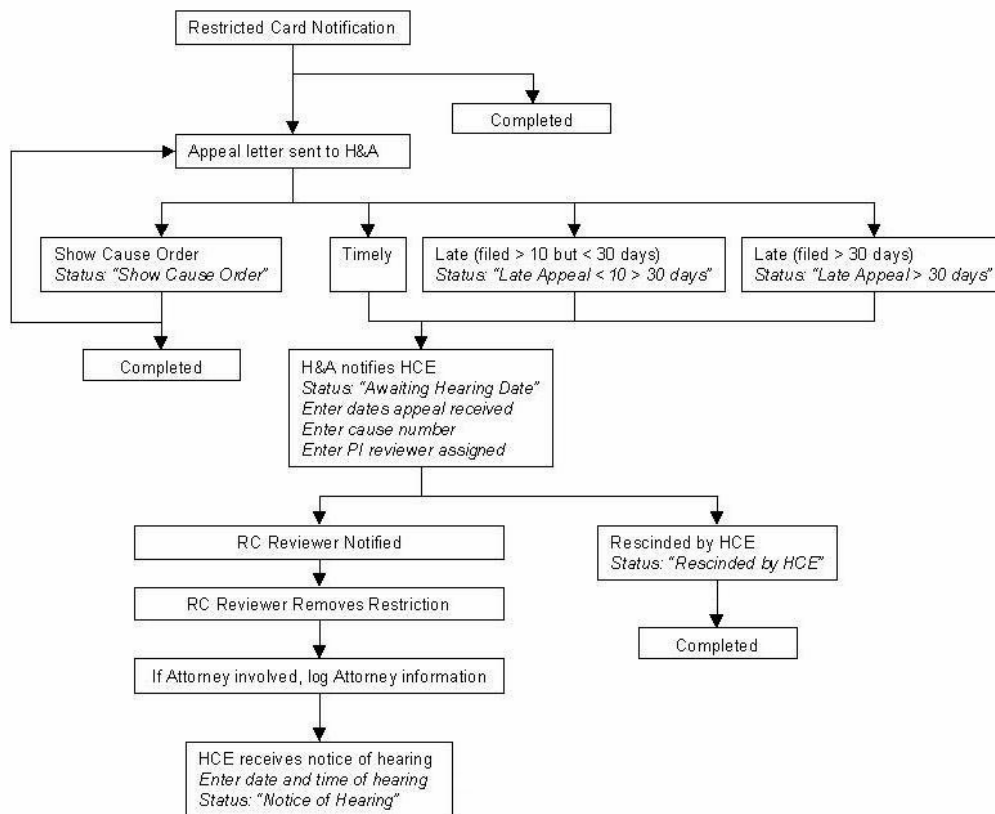
- h. If the member does not contact SUR within ten calendar days to indicate provider selections, or HCE does not receive notification of an appeal from FSSA Office of Hearings and Appeals, the member is auto-assigned to providers. The Restricted Card Reviewer or Specialist will review the member's past claims history in IndianaAIM to select providers. After the selections are made, a Member Provider Assignment Letter is mailed to the member. **See Exhibit C – H.**
- i. At the time that the letters are sent to the members, providers are also notified by mail of these selections and given a summary of their responsibilities as the lock-in provider. See the letters entitled Primary Care Physician Assignment Letter, Pharmacy Assignment Letter, and Hospital Assignment Letter. **See Exhibits C – I, C – J, and C – K.**
- j. If the member is auto-assigned because of failure to respond to his or her Initial Notification, the member will be allowed to change the primary providers one time during the year. The member may make this request by telephone or in writing to the SUR department.
- k. If the member requests to make further changes, Guidelines for Requesting a Change of Restricted Provider will be mailed to him or her. The member must make the request in writing. **See Exhibit C – L** for the Guidelines. It is the intent to have the member not make changes in primary providers more than once per year. In addition, if the member continues to misuse Medicaid services, the RCP may change the member's providers more often than once in twelve months. RCP may also select the member's providers for him or her to facilitate a more appropriate pattern of utilization of Medicaid services.
- l. Member and Provider Notification of Lock-in Provider Changes: When a member's lock-in providers change, he or she is sent a letter with all the current providers' information. The lock-in pharmacy receives a copy of this member letter. **See Exhibit C – AE.** Providers receive the appropriate initial notification of restriction letters.

4. Member Hearings and Appeals

- a. The member has 30 calendar days from the receipt of the Initial Notification Letter to appeal the restriction. The member must respond within ten calendar days of receiving notice to prevent automatic implementation of the restriction. If the member appeals after ten calendar days, but before 30 calendar days, the appeal is timely; however, the restriction will be implemented and remain in effect until the hearing occurs and the decision is rendered in writing from the Administrative Law Judge (ALJ). If a member files a late appeal after 30 calendar days, he or she must demonstrate legal cause why a timely appeal could not be filed. The time periods apply to both the appeal of an initial restriction, as well as an appeal of a continued restriction after a compliance review.

- b. The member must appeal in writing to the IFSSA Office of Hearings and Appeal. Telephone notification to SUR to indicate the member's desire to appeal is insufficient to ensure the member's appeal rights. IFSSA schedules the hearing and notifies the member, caseworker, and SUR that a hearing has been scheduled. IFSSA also determines whether a late appeal will be accepted and a hearing held for that late appeal.
- c. IFSSA sends a copy of the members appeal letter to SUR.
- d. After receipt of the hearing notice and the member's appeal letter, a Restricted Card Reviewer prepares the case for the hearing with the ALJ. **See Figure I – 8**, on the following page.

**FIGURE I – 8
ACTIVITIES BEFORE THE HEARING**



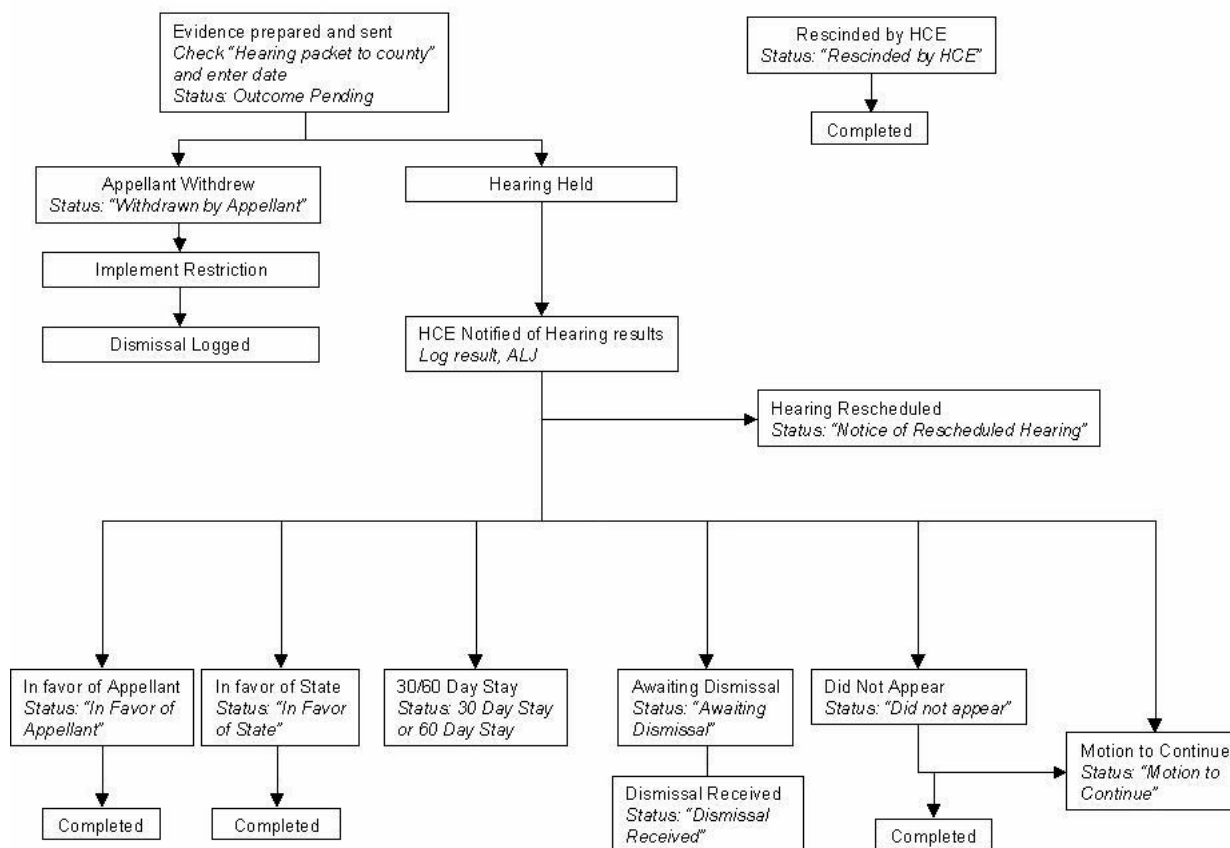
5. Case Preparation for Administrative Hearing

- a. SUR will receive notification of appeal from the Office of Hearings and Appeals.
- b. The review date and time of the scheduled hearing are reviewed to determine if any conflict exists or if the appeal was outside of the appeal guidelines for timeliness.

- c. In the event of a date conflict, the member is notified of the date conflict and requested to provide three dates of his or her choice. The Office of Hearings and Appeals is notified in writing with reason for continuance request and the dates the member has selected. Copies are sent to the member and county caseworker.
- d. In the event of time conflict, a request to change the time is submitted to the Office of Hearings and Appeals. The member and county caseworker are also notified.
- e. In the event that a member requests a late appeal, the member must write the Office of Hearings and Appeals to request reconsideration to have a late administrative review. Relevant documentation should be attached to support the request.
- f. Preparation of the appeal packet.
 - (1) Data research is conducted to determine what avenue to be taken to support restriction.
 - (2) Overutilization of emergency room services – Requested medical records from select providers are reviewed to show inappropriateness of service. This procedure is especially important in cases overutilizing emergency services, as it must be shown the visit was of a non-emergent nature. This factor must be documented by the attending ER physician.
 - (3) Illegal drug activity – Copies of probable cause affidavits, arrest reports, and sentencing papers are requested from local law enforcement agencies, if applicable. Illegal activity is mapped to utilization and to payment. IndianaAIM payment information is attached.
 - (4) Overutilization of pharmacy services – An Excel spreadsheet is prepared to show multiple prescriptions from multiple doctors within each month reviewed. The IndianaAIM paid claim history is attached.
 - (5) Overutilization of physician services – Providers by specialty and by member diagnoses are outlined to indicate multiple physicians were treating the member for the same diagnoses. This pattern is mapped back to prescriptions to show one or more physicians wrote prescriptions.
 - (6) Medical record documentation is referenced on specific dates of overutilization to support member behavior.
- g. Prepare Certificate of Service Document. **See Exhibit C – M.**
- h. Prepare Appeal. **See Exhibit C – N.**
 - (1) Statement of Rationale.
 - (2) Member data.
 - (3) Reason for review.
 - (4) Period of review.
 - (5) Statement of Issue (mark corresponding exhibits and reference attachments).

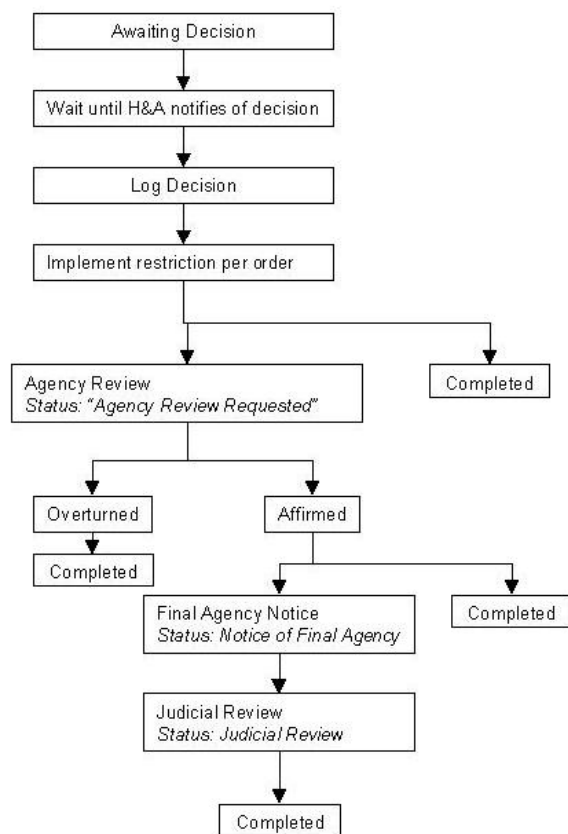
- Provisions under 42 CFR 431.200
 - Copy of initial restriction notification letter to member
 - Relevant information and supporting documentation
- (6) Actions of Member (mark corresponding exhibits and reference attachments).
- (7) Explanation of initial review data.
- (8) Explanation of continuative review data up to one day prior to hearing.
- Copies of all IndianaAIM paid claims history data
 - Statement regarding member behavior
 - Explanation of documentation to support member behavior
- (9) Summary and recommendation.
- (10) Organize data and exhibits.
- (11) Send copies to the following.
- Appellant (member)
 - Caseworker
 - ALJ – Appellant (member) and caseworker copies must have all provider numbers, physician license numbers, and/or DEA numbers blacked out for confidentiality
- (12) In the process of developing the appeal packet, the Restricted Card Reviewer may rescind the restriction before the hearing. Due to the severity of the member's medical condition, high utilization of services may not substantiate misuse of the IHCP. The member's utilization also may not meet the threshold of the statistical analysis database being used. In both instances, the member and IFSSA Office of Hearings and Appeals are notified by mail that the lock-in has been rescinded. **See Exhibits C – O through C – Q.**
- (13) The completed appeal packet will be signed by the reviewer. A pseudonym will be used for security purposes for the reviewer's last name to protect the reviewer's identity.
- (14) The completed appeal packet is sent to IFSSA Office of Hearings and Appeals for distribution to the ALJ and the county caseworker.
- (15) The Restricted Card Reviewer may contact the member to describe the hearing process and provide utilization information contained in the appeal packet to the member.
- (16) The Restricted Card Reviewer provides support during the hearing by telephone. They are available to the ALJ and the county caseworker to answer questions about any documentation in the hearing packet. **See Figure I – 9, on the next page.**

FIGURE I – 9
HEARING PREPARATION AND THE HEARING



- (17) The ALJ may rescind the restriction effective the date of the hearing, or continue the member's restriction for two to five years as warranted. If the member had appealed within the initial ten calendar days, and was not initially restricted, the restriction will be implemented effective the date of the hearing. **See Exhibits C – R and C – S.**
- (18) After the hearing, and if the decision is in favor of the state, the member is notified by letter that the restriction has been implemented and informed of the providers that have been placed on the member's lock-in list. **See Exhibit C – T. See Figure I – 10,** on the next page, for a description of post-hearing activities.

FIGURE I – 10
ACTIVITIES AFTER THE HEARING



6. Documentation of Member Notification, Implementation, and Maintenance of the RCP

Surveillance and Utilization Review System (SURS): SUR Restricted Card Reviewers and Specialists document all actions with the member and providers in a comprehensive tracking database referred to as SURS. Telephone calls, actions related to hearings and appeals, and any pertinent actions are recorded. **See the SURS Section D** of this Manual for more detailed information.

7. Restricted Card Levels

Five levels are used to indicate the status of the restriction process as follows:

- a. Level 1 – This level is used when case is first initiated (**Pending Restriction**).
- b. Level 2 – This level is used when the initial restriction notification letter is mailed (**Restriction Initiated**).
- c. Level 3 – This level is used when the restriction is implemented in IndianaAIM (**Restriction Implemented**). It is used when the member is appealing restriction either inside or outside the 10-day limit-Restriction

implemented, either from the initial restriction, or after a compliance review. This level includes restrictions that are temporarily lifted. The restriction may be temporarily lifted, either short term or long term (Restriction Suspended ST <ST 2 weeks, or Restriction Suspended LT > 2 weeks.) Eligibility terminated also falls within Level 3.

- d. Level 4 – This level is used as a re-review member compliance status only (**Compliance Review**).
 - e. Level 5 – This level is for complete closure of the case (**Case Closed**). Reasons for closure include the following.
 - Hearing and Appeal within 10 calendar days – HCE Rescinded.
 - Hearing and Appeal Past 10 calendar days – HCE Rescinded.
 - Member is in Long Term Care (LTC) Facility (nursing home).
 - Member is deceased.
 - Member is in RBMC.
 - Review Before Letter – HCE reviewed the member's utilization and decided to close the case before the initial notification letter was sent to the member.
 - Off-Site Desk Review – Review of current claims indicates that utilization of services is appropriate for the member's medical diagnoses. Restriction has been removed.
 - Program Integrity Review – This review, done by the Program Integrity Specialist, is similar to the Off-site Desk Review.
 - Member has been compliant in the RCP. Restriction has been removed.
 - Member Restriction was dismissed as the Appeal was in the Appellant's favor.
 - Member is no longer eligible for IHCP services. The restriction is removed after six continuous months of member ineligibility.
8. Member Folder: A hard copy of all correspondence related to provider or member action is maintained. The minimum amount of correspondence the member folder must contain includes the following.
- The Member Summary Worksheet. **See Exhibit C – A.**
 - Copies of IndianaAIM screens related to the restriction, especially member information, lock-in provider information, and length of member restriction. Screens to be included are Recipient Base, Recipient Eligibility, PMP Assignment History, Dual Aid Category Eligibility, and Recipient Providers Per Restriction Period.
 - Referral information.
 - Copies of all correspondence sent to the member.
 - Appeal information.
 - Compliance Reviews.

9. Alpha Split

Within SURS, Restricted Card and Program Integrity staff service members by a division of the members' last names. This division may be adjusted as volume of members fluctuates. The division is as follows.

- A-C
- D-K
- L-R
- S
- T-Z

10. Fifteen-Day Report

SURS develops a Fifteen-Day Report of members at Level 2. The 15-day period begins when the Initial Notification Letter was mailed. Restricted Card staff use this report to determine when it is appropriate to automatically implement the member's restriction.

SUR Restricted Card staff enter member provider selections and lock-in periods on appropriate IndianaAIM screens including:

- Recipient Restriction Periods.
- Recipient Providers Per Restriction Period.

Reports are sent to the OMPP on a monthly, quarterly, and annual basis indicating the progress of implementing members into the program.

11. SURS Reports Used to Manage the Restriction Process

In addition to the Fifteen-Day Report, there are other reports used by the Restricted Card Program Supervisor and Restricted Card Reviewers and Specialists. These reports monitor the timeliness of the restriction process to assure that the restriction is implemented by contract requirements. These reports include, but are not limited to, the following.

- Restricted Card Fifteen-Day Distribution
- Fifteen-Day Report by the Number of Days
- Level I, II, and III Dates for Recipients
- PCCM Recipients Restricted
- Level II not yet at 15 Days
- Level Reports – Level II by Date Range
- Level Reports – Level III by Date Range

12. Primary Lock-in Provider Responsibilities in the RCP

- a. By providing a medical “home,” a primary lock-in physician is better able to manage a member’s care and coordinate service delivery. One physician is aware of all treatments and medications received by the member, reducing the potential for adverse health outcomes and contradictory medical treatments. The goal of the primary care physician’s intervention is to improve the member’s care and health outcome. It is also anticipated there will be a reduction in inappropriate utilization of pharmacy and other health services, which could harm the member and create unnecessary and wasteful program expenditures.
- b. The primary care physician must use written referrals when the RCP member requires evaluation or treatment by a specialist. The purpose of the referral is to assure that the primary care physician has authorized the visit of the referral provider. The written referral also assures that claims from referral providers may be processed for payment. Referral guidelines are as follows.

- (1) When referring a member to any other provider outside of the PCP’s care (e.g., referral to a cardiologist or another physician in the PCP’s office that may provide care in his or her absence), it is essential that a copy of the written referral be sent (preferably by fax) to the address below.

**Health Care Excel
Restricted Card Program
P.O. Box 531700
Indianapolis, IN 46253-1700
Fax: 317-347-4550 (ATTN: Restricted Card Program)**

- (2) Referrals may be handwritten on the primary care physician’s letterhead or prescription pad. Additionally, each referral must include the following information.

- The IHCP member’s name
 - The IHCP member’s RID
 - The first and last name of the physician receiving the referral
 - The date of the referral
 - The primary lock-in physician’s signature
- c. The referral physician will be able to submit his or her claim electronically by supplying the primary lock-in physician’s provider number in field 17A on the CMS-1500 claim form.
 - d. To safeguard the primary care physician’s IHCP provider number, SUR asks that the primary care physician communicate his or her provider number directly to the referral physician. SUR also advises that the primary care physician’s IHCP provider number **NOT** be given to the restricted member.

- e. Referrals are not required for carve-out services including behavioral health, dental, podiatry, optometry care, and waiver services unless prescriptions will be dispensed at a pharmacy. If prescriptions are needed from carve-out providers, either the PCP may write the prescription for the providers, or the PCP can send a referral to HCE for their addition to the member's lock-in list. If abuse in the member's utilization of carve-out services has been documented or suspected, referrals are recommended.
- f. Retroactive Referrals: A PCP may send referrals on a retroactive basis, if he or she approved the services provided on the date of service but failed to send the referral to HCE at that time. The PCP's medical records for the member should indicate on or near the date of service that the referred service was approved. The PCP is not required to approve any service for which he or she had no knowledge on the date of service.
- g. PCP Notification of the Need for Referral Correction: If missing or incorrect information is found on the member's referral written by the PCP, HCE will notify the PCP within one business day about the need for referral correction. Notification will be done by fax or telephone call. Specialty providers will be added to the member's lock-in list until a correct written referral is received by HCE. **See Exhibit C – AA.**

13. Primary Lock-in Pharmacy Responsibilities in the RCP

The primary lock-in pharmacy manages prescriptions the member receives by not dispensing medications from unauthorized providers. The pharmacy can fill prescriptions from the primary lock-in physician and any referral providers authorized by that physician. If the pharmacy verifies the member's eligibility, and does not see the prescribing provider listed with the lock-in, or the pharmacy is concerned with the validity of the referral, it is asked to contact Health Care Excel. The pharmacy may call (317) 347-4527, or toll-free at (800) 457-4515, to confirm whether the prescription is related to a valid referral. The member may or may not have been given a copy of the referral from his or her lock-in provider. This factor will not affect the pharmacy's ability to file a claim for payment of service.

14. Primary Lock-in Hospital Responsibilities in the RCP

The primary hospital assures that the member is obtaining appropriate medical services, including those rendered in the emergency room setting. Emergency service is defined as:

- Placing the member's health in jeopardy,
- Serious impairment of bodily functions, or
- Serious dysfunction of any body organ or part.

If the member is seen in the hospital's ER for non-emergent services, and is discharged to home, prescriptions written by the ER physician cannot be filled, unless the ER physician is the member's lock-in physician. If the member desires to have the prescription filled, he or she should contact the primary care physician to request the PCP provide a prescription for the medication,

or send a referral to add the ER physician to the member's lock-in list. Prescriptions with an emergency indicator on the pharmacy claim can be paid in the usual manner.

15. Provider Termination of Member's Care

The provider may decide to terminate care of the member for specific reasons outlined in their internal office policies, such as non-compliance with treatment recommendations, abusiveness to office staff, etc. If this situation should transpire for a RCP member, the following steps should be taken.

- The provider should give a letter to the member, with thirty-day notice, stating that the member's care is being terminated.
- A copy of this letter should be mailed or faxed to HCE. The SUR Restricted Card staff will work with the member to select another provider to replace the physician terminating care.
- Referrals made by the terminating provider will expire 30 calendar days following the dismissal date. Restricted Card Reviewers and Specialists may select another termination date depending upon the extenuating circumstances of the member's case.

16. Provider Coordination

The goal of quality health care delivered to RCP members requires the coordination among many stakeholders including RCP members and providers, OMPP, SUR (management of the program), EDS (claims processing), ACS (pharmacy claims processing), Myers and Stauffer (member pool data of utilization), and AmeriChoice (contact for Primary Care Case Management and Medicaid Select members). The RCP encourages and participates in any coordination efforts available to ensure that RCP processes and guidelines are carried out appropriately while members receive medically necessary care.

17. Claims Review and Adjudication – Referral Providers

A major factor in the success of the RCP is timely and appropriate claims adjudication. The following areas require processes beyond those for unrestricted IHCP members.

- a. The referral provider must receive a referral from the primary lock-in physician authorizing the member's care. The referral provider must assure that the member was not referred through other means, such as the member's self-referral.
- b. The primary lock-in physician must supply his or her IHCP provider number to the referral provider directly. This number should not be given to the restricted member.

- c. The referral provider will be able to file claims electronically via a CMS-1500 claim form. The primary lock-in physician's IHCP provider number must be entered in Box 17A. If a UB-92 is used to file the claim for the referral provider, the lock-in physician's eight-digit license number should appear in space 83b.
- d. If the referral provider writes a prescription, it is recommended that the written referral accompany the prescription to the lock-in pharmacy. If the referral does not accompany the prescription, the pharmacy may contact SUR to verify the validity of the referral.

18. Claims Review and Adjudication – Pharmacy Providers

The following procedure describes how pharmacy claims are filed.

- a. Any prescriptions written by the member's primary lock-in physician can be filed through normal claims submission procedures via paper, electronically, or Point-of-Service (POS).
- b. The IHCP may process pharmacy claims that are filed POS from providers not shown on the member's eligibility screen. (This screen is commonly referred to as referral providers.) The referral provider must be locked in by SUR before the claim can be paid POS. If a member presents both the referral and the referral provider's prescription at the pharmacy, and SUR has not locked in the referral provider in both IndianaAIM and ACS, the pharmacy will receive explanation of benefits (EOB) messages. The message will be either 7501 where the member is locked into a specific prescriber or will be 7502 where the member is locked into a specific pharmacy. If SUR is faxed the referral, the referral provider can be locked in. SUR will enter the referral in IndianaAIM and ACS. It will take 24 to 48 hours before the change will be permanent in both IndianaAIM and ACS. SUR's addition to ACS will only be effective until the next update by IndianaAIM. A pharmacy may elect to give a member an emergency fill of medication after hours when SUR is not available. A 72-hour supply can be dispensed if the pharmacy enters the level of service of 3.
- c. When requested by a pharmacy to add a provider to the member's lock-in list with a valid referral, SUR will add the provider to IndianaAIM in the usual manner. To make the addition to ACS' PDCSx2 system, SUR staff will add the lock-in type (MMD for the prescriber or MRX for the pharmacy), prescriber's license number, begin date, and reason (AE for Administrative Assignment) to the Lock-In tab. If there are no other edits that would stop claims payment, the pharmacy can resubmit the claims and will receive immediate confirmation of payment. **See Figure I – 11**, on the next page.

FIGURE I – 11
ACS LOCK-IN SCREEN

Code	Provider ID	Provider Name	Begin Date	End Date	Category
MMQ			12/10/2002	12/31/9999	Space is Default Medipass Cat
MMQ			12/10/2002	12/31/9999	Space is Default Medipass Cat
MRX			12/10/2002	12/31/9999	Space is Default Medipass Cat

Total Records: 3

*Required field

- d. If the pharmacy is unclear regarding the procedures for filing via paper or electronically, the pharmacy may reference any of the following. If the pharmacy is part of a retail chain of pharmacies, the corporate office staff may be able to assist with paper claim filing procedures.

- Contact the pharmacy claims processor, ACS, by calling (866) 645-8344 or by e-mail Indiana.ProviderRelations@acs-inc.com.
- **Write the following address:**
Indiana Pharmacy Claims
c/o ACS
P.O. Box 502327
Atlanta, GA 31150

The IHCP Provider Manual 2005 includes instructions on how to file a paper claim in Chapter 9.

- e. Out-of-state generic provider numbers will not bypass the Lock-in or be accepted as a valid provider for a restricted member. All physicians must have an IHCP provider number to be a covered provider for the RCP. If the doctor is out-of-state, the pharmacy should determine whether the provider has an IHCP provider number. If the provider has an IHCP provider number, he or she may possibly be a provider for a restricted member.
- f. When the pharmacy files the claim via paper or electronically, ACS will review the claim initially and then forward the claim to SUR to ensure the prescription was related to a valid provider referral. Once the referral is validated by SUR, ACS will process the claim for payment.

19. Claims Review and Adjudication – Lock-in Hospitals and Other Acute Care Facilities

- a. The Primary Lock-in Hospital will be able to file claims as it would for any non-restricted member, since the hospital's provider number is on the member's lock-in list.
- b. A hospital that is not the member's lock-in hospital will need to file claims with the lock-in physician's provider identification number in box 17A on the CMS-1500, or the lock-in physician's eight-digit license number in space 83b on the UB-92.

20. Claims Review and Adjudication – Suspended Claims

- a. Claims for RCP members may suspend if all claim processing guidelines have not been followed, or due to current technology limitations.
- b. If claims are suspended for providers, other than the primary or specialty lock-in providers, and no valid referral is on file, the claims are denied.
- c. For non-pharmacy claims, EDS will process the claim, and send the provider a remittance advice documenting the denial.
- d. For pharmacy claims, claims deny for edit codes 7501 and 7502. (See the edit description below). If a valid referral is on file, SUR will enter the provider or pharmacy in IndianaAIM and ACE, which updates PDCSx2. The claims can then be resubmitted for payment.
- e. Edits in the system cause suspension, include the following.
 - 7501 – Member is Locked Into Specific Prescribing Provider. If a provider files electronically or via paper and does not enter a lock-in provider's provider number in box 17A on the CMS-1500 claim form, or the lock-in provider's license number in box 83b on the UB-92, the claim will deny. If the pharmacy attempts to file POS with any license number other than the lock-in physician's number (or no license number), the claim will deny.
 - 7502 – Recipient is Locked Into Specific Pharmacy (applies only to pharmacy claims). If a member tries to fill a prescription at a location that is not his or her lock-in pharmacy, the claim will deny.
 - If a lock-in physician gives a referral to another provider, the lock-in physician must supply his or her provider number for field 17A on CMS-1500 to enable the referring provider to file electronically. Referral providers should be able to submit electronically. However, the primary lock-in physician must submit a copy of the referral to SUR to ensure the member is compliant with the RCP guidelines, and to be utilized if the referral provider writes any related prescriptions.

21. Member Utilization Review – Compliance

Members are restricted for periods of two, three, four, or five years. Restricted Card staff complete reviews of member utilization while in the RCP. Reviews are conducted at the end of the restriction period. Interim reviews may also be conducted at six-month intervals during the restriction. If an interim review shows inappropriate member utilization of services, the member may be sent a letter describing the desired appropriate usage. **See Exhibits C – AB, C – AC, C – AG, and C – AH.** These reviews are documented on the designated forms and in the SURS notes, including ongoing documentation of issues of non-compliance with the program, or attempts to overutilize or misutilize services. Non-compliance with the RCP may result in additional restriction periods. If non-compliance is found at the end of the restriction period, the member notification and implementation process is repeated. **See Exhibit C – U, C – V, C – AD.**

If a member is on a pharmacy only restriction and is found to be overutilizing or misutilizing services on an interim review, an education letter will be sent. A second interim review will be conducted in three months. If overutilization or misutilization has persisted, the member will be sent a letter to notify him or her that the restriction has been changed from a pharmacy only to full restriction. The member may appeal this action. **See Exhibit C – AI.**

22. Removal of Restricted Card Restriction – Case Closure

- a. SURS database identifies member one month prior to the date the member is scheduled to be removed from the RCP.
- b. Restricted Card Reviewers or Specialists perform a compliance review of the member's utilization.
- c. A Member Compliance Worksheet is completed for the member.
- d. If the member has been found to be compliant with the program by the score obtained on the Member Compliance Worksheet and the observation of the written record in the Notes section in SURS, the member is removed from restriction. Level 5 is updated in SURS to reflect case closure. **Exhibit C – A** represents the number scoring system.
- e. The restriction is removed in IndianaAIM.
- f. A letter is sent to the member stating that the restriction has been removed. **See Exhibits C – W**
- g. The member is advised that compliance review will continue after the restriction is removed.
- h. A compliance review will be completed twelve months after a member's restriction is removed. If non-compliance is found, the restriction can be initiated again following the steps previously defined for member eligibility and restriction implementation.
- i. The restriction can also be re-initiated prior to the twelve-month review if overutilization or misutilization are reported.

- j. The member is notified by mail if minor misuse or overutilization is found during the compliance review to alert him or her that reviews will continue, although a new restriction will not be implemented at this time. **See Exhibit C – S.**
- k. Cases may be closed before the end of the restriction period for the following reasons.
 - **Member Ineligibility:** Members who are ineligible for six months will have the restriction end-dated. If the member's eligibility resumes, the procedure to initiate a new restriction will be followed as described in I.B.2. Initiation of Member Restriction.
 - **Member Assignment to RBMC:** The member's restriction is terminated as soon as notification is received that the member is in RBMC. OMPP is notified monthly of the members moved into RBMC. OMPP will then notify the MCO of these members' names.
 - **Member Assignment to Hospice Care:** The Prior Authorization Department will notify RCP that the member has been approved for hospice care.
 - **Member Appeal with a Judgment in Favor of the Appellant:** The restriction is ended when notification is received from the Office of Hearings and Appeals.

23. Quality Review of the RCP

SUR staff will complete quality reviews as determined by the contract such as call monitoring. Documentation of completed activities will be maintained. Staff may also complete optional activities on any aspect of the restricted card process. Documentation will be placed in the departmental files as appropriate. **See Exhibits C – Y, C – YA through C – YC, and C – Z through C –ZA.**

24. Release of Member Protected Health Information

RCP staff members follow the IHCP Privacy Policy before any information is released to any person other than the member. The member must follow the most current IHCP procedure for personal identification. Persons other than the member may act on the member's behalf with appropriate authorization. Those persons must be able to state the member identification number at the time of the phone call. The following procedures will be followed.

- a. Member must give the following information at the beginning of each call.
 - First and last name and IHCP Recipient Identification Number (RID) along with three of the four following pieces of identification.
 - Address that is listed in IndianaAIM
 - Telephone number that is listed in IndianaAIM
 - Date of birth
 - Social Security number (or the last four digits of the number)

- b. Member must complete the most current Member Authorization form and return the form to the RCP Supervisor at HCE. If the member is unable to sign the form, the person having power of attorney or guardianship may complete the form and have it notarized. The notarized form, along with a copy of the legal documentation giving the person the authority to act on the member's behalf, must be returned to the RCP Supervisor. The original of any correctly completed forms are filed in the member's paper file. A copy of the form is sent by the Program Director to the IHCP Privacy Office. The RCP Supervisor documents the receipt of Member Authorization forms in the SURS database. Incorrect forms are returned to the member for correction. See Exhibits C – AE and C – AF.
- c. Members who appeal their restrictions as described in section B.4. may use the Member Authorization to have the written appeal packet released to an attorney or other person. Any other release of Protected Health Information (PHI) must be requested by the member through the IHCP Privacy Office.

C. Template Letters and Forms – RCP

The RCP utilizes a wide variety of forms and template letters to conduct operations in an efficient and effective manner. Examples of forms and templates utilized are included in this section.

EXHIBIT C – A
MEMBER SUMMARY WORKSHEET

Member Name: _____

RID #: _____

Date Assigned: _____

Date Form Completed: _____

UTILIZATION CRITERIA

<i>Point Assigning Schedule:</i>	<i>2 Pts Each</i>	<i>4 Pts Each</i>	<i>6 Pts Each</i>	<i>8 Pts each</i>
# of Physicians	Up to 3 []	Up to 4 []	Up to 5 []	Up to 6 []
# of Pharmacies	Up to 3 []	Up to 4 []	Up to 5 []	Up to 6 []
# of ER Visits	Up to 3 []	Up to 4 []	Up to 5 []	Up to 6 []
Maximum Dollar Amount Paid By Medicaid during the 15 Month Review Period	\$6000 or less []	\$6000 or greater []	\$7000 or greater []	\$8000 or greater []
Total # of Points	_____	_____	_____	_____
Grand Total of Points:	____2 yrs=2-10	____3 yrs=11-20	____4 yrs=21-30	____5 yrs=31-40

PAYMENT SUMMARY

All Services

Pharmacy

PROVIDER SUMMARY

of Prescriptions

of ER Visits

of Physicians

of Pharmacies

Completed by: _____

Revised: 09/05/2002

EXHIBIT C – B
INITIAL NOTIFICATION COVER SHEET

**IMPORTANT NOTICE ABOUT YOUR
MEDICAID – HOOSIER HEALTH CARD**

The enclosed letter is an official notice of the items below –
PLEASE READ CAREFULLY!

- In order to better manage your medical care, you will be assigned to one primary care physician, one pharmacy, and one hospital. This is referred to as the Restricted Card Program.
- You will be locked in to the providers you select for a period of 2 – 5 years from the date of this letter. Please check the initial notification letter for the time period of your lock-in.
- You will still have the same Medicaid services available to you, but there will be a limit to the number of doctors you can see.
- The Restricted Card Program is designed to make sure that you receive the best possible healthcare services available.
- You **MUST** choose one primary doctor, one pharmacy, and one hospital.
- If you don't choose a doctor, one will be chosen for you.
- If you go to other doctors on a regular basis, you will still be able to see them, if your primary lock-in doctor provides you with a written referral.
- The State has a contract with Health Care Excel (HCE) to administer and manage the Restricted Card Program.
- You **MUST CONTACT HCE** to confirm that you received this letter. When you call, HCE will answer any questions about the Restricted Card Program. Please call:

HEALTH CARE EXCEL
Locally – 317-347-4527 or
Long Distance – 1-800-457-4515
Choose the option for the Restricted Card Program

- If you want to know how to appeal this action, you should contact HCE.

EXHIBIT C – C INITIAL NOTIFICATION LETTER

DATE

NAME

ADDRESS

ADDRESS

ADDRESS

RID#: 111111999999

Dear Member X:

This letter is to inform you that our records show that you have used Medicaid covered services at a rate higher than that of other Medicaid members. When this happens, the Medicaid member is referred to Health Care Excel (HCE) for participation in the Restricted Card Program (RCP). The Office of Medicaid Policy and Planning (OMPP) has a contract with Health Care Excel to administer the RCP. The purpose of the RCP is to monitor and manage a Medicaid member's use of Medicaid covered services for a specified period of time. Under state law (405 IAC 1-1-2) OMPP/HCE may restrict benefits available to a Medicaid member for a period of time, between 2 and 5 years.

A review of your Medicaid claims history detected overutilization in at least one of the following areas.

Pharmacy Services

Hospital Services and/or Emergency Room Visits

Physician Services

As a result of this finding, your Hoosier Health Card will be restricted for «Years» years, effective 10 calendar days from the date you receive this letter. By restricting your Hoosier Health Card, you should understand that your benefits will not be taken away, but coverage will be limited to allow payment to only one (1) primary care physician, one (1) pharmacy, and one (1) hospital/emergency room (which the primary care physician is affiliated with).

Primary Care Physician – Referrals to Other Providers

If your primary care physician decides you need to see another physician, your primary care physician must provide a written referral indicating the reason and permission for you to go this provider. This means that if you receive services from any physician, pharmacy, or hospital/emergency room other than the specific ones you are restricted to, without a written referral from your primary care physician, you will be responsible for paying those bills. Medicaid will not pay for visits to any providers, other than those you are restricted to, without a written referral from your assigned primary care physician.

EXHIBIT C – C

INITIAL NOTIFICATION LETTER (Continued)

The **ONLY** exception will be for a true medical emergency where emergency services are required. A true **medical** emergency is a life-threatening situation in which your health is at serious risk, or which may result in death if not treated immediately. If a RCP member goes to an emergency room for treatment when there is no emergency, the member may be responsible for the costs associated with this visit.

How to Choose Your Restricted Providers

You may choose your restricted providers by calling the Restricted Card Reviewer at HCE within 10 calendar days of your receipt of this letter. **Prior to calling HCE to select your restricted providers, please have available the name, address, and telephone number of the physician, pharmacy, and ER/hospital, that you intend to select.** During the call, the Restricted Card Reviewer will answer any questions you may have about the program.

If you do not contact the Restricted Card Reviewer at HCE within that time period, a primary care physician, pharmacy, and hospital/emergency room will be selected for you. In either case, a confirmation letter will be sent to you explaining what providers have been chosen.

To select your providers, please contact HCE at:

Indianapolis area: 317-347-4527 or
Outside of Indianapolis: 800-457-4515.

The providers you select will be notified in writing that they have been selected as your providers. This notification will include your name, Indiana Medicaid number, and the names of selected providers.

Once you have selected your providers (or they have been chosen for you if you do not call), you may not request a change to those selections for twelve (12) months, with the following exceptions.

EXHIBIT C – C
INITIAL NOTIFICATION LETTER (Continued)

1. Another health care provider would better treat your condition or illness.
2. You move too far away from your primary doctor.
3. Your primary doctor moves too far away from you.
4. Your doctor discharges you or terminates your care.
5. Your doctor no longer sees Indiana Health Coverage Programs members.

If any of the above situations occur, you must contact the Restricted Card Reviewer at HCE to receive instructions on how to request a change.

Your Right to Appeal

If you disagree with this restriction, you have thirty (30) calendar days from the date you received this letter to exercise your right to appeal this decision. If you appeal within ten (10) calendar days, the restriction will not be implemented until the resolution of that appeal. If you chose not to exercise your right to appeal within the first ten (10) calendar days of receipt of this letter, you still have an additional twenty (20) calendar days from the date of this letter, to file an appeal. However, in this case your restriction will be implemented and take effect right away. You will remain restricted until the hearing and the decision of the Administrative Law Judge as to whether you will continue to be restricted.

Your appeal must be sent to the address below.

MSO4
Indiana Family and Social Services Administration
Hearings and Appeals
402 W. Washington Street
Room W392
Indianapolis, IN 46202

When your appeal request is received, an administrative hearing will be scheduled under the provisions of federal law (42 CFR 431.200 et. seq.) and state law (405 IAC 1.1). You have a right to represent yourself at your hearing. A lawyer, a friend, a relative, or anyone else you choose can also represent you. You have the right to examine any documents used by the Restricted Card Program to decide your case. Following the hearing, an Administrative Law Judge will decide whether or not you will be restricted.

EXHIBIT C – C
INITIAL NOTIFICATION LETTER (Continued)

If you have questions regarding this restriction, please contact our office.

By mail:

Health Care Excel
ATTN: Restricted Card Program
P.O. Box 531700
Indianapolis, IN 46253-1700

By phone:

Local Calls 317-347-4527
Outside Indianapolis 800-457-4515

Sincerely,

Restricted Card Program Supervisor
Surveillance and Utilization Review

EXHIBIT C – D
PROVIDER ASSIGNMENT – MEMBER CONTACT

DATE

ADDRESS

RID#

Dear:

The purpose of this letter is to provide you with a summary of our telephone conference on concerning the Restricted Card Program. As explained during our telephone call, the Restricted Card Program will monitor your utilization of medical services, from June 1, 2003 through June 1, 2006 to ensure appropriate use of Medicaid covered services.

During this conference call, you selected the following Medicaid providers.

Provider	Pharmacy	Hospital Emergency Room
address	address	address
phone number	phone number	phone number

If you have any questions, please contact our office at the following address and phone.

Health Care Excel
ATTN: Restricted Card Program
P.O. Box 531700
Indianapolis, IN 46253-1700
(Local) 317-347-4527
(Outside of Indianapolis) 800-457-4515

Respectfully,

Restricted Card Program Supervisor
Surveillance and Utilization Review

EXHIBIT C – E
PCCM MEMBER PROVIDER ASSIGNMENT – MEMBER CONTACT

Date

ADDRESS

RID#: xxxxxxxxxxxxx

Dear:

The purpose of this letter is to provide you with a summary of our telephone conference on DATE concerning the Restricted Card Program. As explained during our telephone call, the Restricted Card Program will monitor your utilization of medical services, from DATE through DATE to ensure appropriate use of Medicaid covered services.

During this conference call, you selected the following Medicaid providers.

Because you are also enrolled in the Hoosier Healthwise Program, the following providers are effective DATE – DATE:

Primary Care Physician Name	Pharmacy Name	Hospital Name
Address	Address	Address
Phone Number	Phone Number	Phone Number

Effective DATE your providers will be:

Primary Care Physician Name	Pharmacy Name	Hospital Name
Address	Address	Address
Phone Number	Phone Number	Phone Number

If you have any questions, please contact our office at the following address and phone.

Health Care Excel
ATTN: Restricted Card Program
P.O. Box 531700
Indianapolis, IN 46253-1700
(Local) 317-347-4527
(Outside of Indianapolis) 800-457-4515

Respectfully,

Restricted Card Program Supervisor
Surveillance and Utilization Review Department

EXHIBIT C – F
PCCM MEMBER PROVIDER ASSIGNMENT – NO MEMBER CONTACT

April 22, 2003

ADDRESS

RID#: XXXXXXXXXXXXXXXX

Dear:

A letter was sent to you dated DATE explaining that a misuse or overutilization of Medicaid covered services on your Hoosier Health Card had occurred. This letter also detailed the process involved in restricting the providers from whom you may receive Medicaid covered services. You were given the option of contacting our office to select specific providers to whom you would be restricted. Since we have not heard from you (by phone or mail) regarding your selections, the following Medicaid providers have been selected on your behalf.

The following providers are effective DATE – DATE:

Primary Care Physician Name	Pharmacy Name	Hospital Name
Address	Address	Address
Phone Number	Phone Number	Phone Number

Effective DATE your providers will be:

Primary Care Physician Name	Pharmacy Name	Hospital Name
Address	Address	Address
Phone Number	Phone Number	Phone Number

If you have any questions, please contact our office at the following address and phone.

Health Care Excel
ATTN: Restricted Card Program
P.O. Box 531700
Indianapolis, IN 46253-1700
(Local) 317-347-4527
(Outside of Indianapolis) 800-457-4515

Respectfully,

Restricted Card Program Supervisor
Surveillance and Utilization Review Department

EXHIBIT C – G
MEMBER NOTIFICATION TO SELECT A PRIMARY MEDICAL PROVIDER
FOR A MEDICAID SELECT RECIPIENT

Date

ADDRESS

RID# xxxxxxxxxxxx

Dear xxxxxxxxx:

This letter is to notify you of the attempts made to contact you. The telephone number that we have listed for you, (xxx) xxx-xxxx, has been disconnected. We need for you to pick a new primary care physician as soon as possible. The primary care physician you are currently restricted to is not a Medicaid Select Provider. To get a listing of Medicaid Select physicians in your area, please call 1-877-633-7353. You are requested to respond by DATE or Health Care Excel will auto assign a Medicaid Select primary care physician for you.

If you have questions about this letter, or have chosen a new physician, please contact our office as follows.

Health Care Excel
ATTN: Restricted Card Program
P.O. Box 531700
Indianapolis, IN 46253-1700
(Local) 317-347-4527
(Outside of Indianapolis) 800-457-4515

Thank you for your cooperation and timely response.

Respectfully,

Restricted Card Program Supervisor
Surveillance and Utilization Review

EXHIBIT C – H
PROVIDER ASSIGNMENT – NO MEMBER CONTACT

DATE

ADDRESS

RID#

Dear:

A letter was sent to you on _____ explaining that a misuse or overutilization of Medicaid covered services on your Hoosier Health Card had occurred. This letter also detailed the process involved in restricting the providers from whom you may receive Medicaid covered services. You were given the option of contacting our office to select specific providers to whom you would be restricted. Since we have not heard from you (by phone or mail) regarding your selections, the following Medicaid providers have been selected on your behalf.

Provider	Pharmacy	Hospital Emergency Room
Specialty	address	address
Address	phone number	phone number
Phone number		

If you have any questions, please contact our office at the following address and phone.

Health Care Excel
ATTN: Restricted Card Program
P.O. Box 531700
Indianapolis, IN 46253-1700
(Local) 317-347-4527
(Outside of Indianapolis) 800-457-4515

Respectfully,

Restricted Card Program Supervisor
Surveillance and Utilization Review

EXHIBIT C – I
PRIMARY CARE PHYSICIAN ASSIGNMENT LETTER

Date

Provider Name

Provider Address

City, State Zip

Re: Restricted Card Member
 Medicaid Number

Dear Provider:

You have been selected by (1) the above-mentioned member of the Indiana Health Coverage Programs (IHCP) **OR USE** (2) Health Care Excel, as the contractor for the Office of Medicaid Policy and Planning (OMPP), to serve as this member's primary lock-in physician provider. This selection occurred in response to the member being placed in the IHCP Restricted Card Program.

WHAT IS THE RESTRICTED CARD PROGRAM?

The Restricted Card Program monitors utilization of IHCP members who have been identified as misutilizing or overutilizing services. The goal of the IHCP is to provide quality health care through health care management, which includes restriction to assigned providers. The Restricted Card Program monitors member utilization with written referrals being made only when medically necessary.

Under federal law, 45 CFR 164.506, a covered entity may disclose or release Protected Health Information without the individual's authorization, for treatment, payment and health care operation activities. According to federal law, 45 CFR 164.501, "health care operations" include conducting or arranging for medical review, legal, and auditing services, including fraud and abuse detection and compliance programs.

YOUR ROLE AS THE PRIMARY LOCK-IN PHYSICIAN

Your role in the management of this member's care will be essential to the efforts of the Restricted Card Program. The Office of Medicaid Policy and Planning (OMPP) and Health Care Excel greatly appreciate the time and effort required to support this process. It is our hope that your support of this member's restriction, combined with the limitations placed on this member's ability to over utilize or misutilized pharmacy and/or hospital services, will lead to a better health care outcome for this member.

EXHIBIT C – I

PRIMARY CARE PHYSICIAN ASSIGNMENT LETTER (Continued)

This member has also been restricted to the following providers:

Hospital Provider
Hospital Address
City, State Zip

Pharmacy Provider
Pharmacy Address
City, State Zip

HOW TO MAKE REFERRALS TO OTHER DOCTORS

When referring a member to any other provider outside of your care (e.g., referral to a cardiologist), it is ***essential*** that a copy of the written referral be sent (preferably by fax) to the address below:

Health Care Excel
Restricted Card Program
P.O. Box 531700
Indianapolis, IN 46253-1700
Fax: 317-347-4550
(ATTN: Restricted Card Program)

Referrals may be handwritten on your letterhead or prescription pad paper. Additionally, each referral must include the following information:

1. The IHCP member's name
2. The IHCP member's RID
3. The physician receiving the referral
4. The date of the referral
5. The primary lock-in physician's signature (your signature).

The referral physician will be able to submit his or her claim electronically by supplying the primary lock-in physician's provider number (your Indiana Health Coverage Programs provider number) in field 17A on the HCFA 1500 claim form.

In order to safeguard your IHCP provider number, we ask that you communicate your provider number directly to the referral doctor. We also advise that your IHCP provider number **NOT** be given to the restricted member.

OMPP greatly appreciates your assistance in coordinating the health care of this member. Your support in this process is vital to the well-being of the member, and helps to control costs in an effort to save taxpayer dollars in the State of Indiana.

EXHIBIT C – I
PRIMARY CARE PHYSICIAN ASSIGNMENT LETTER (Continued)

If you need additional information regarding the Restricted Card Program, please do not hesitate to contact me at (317) 347-4527 or toll-free at (800) 457-4515. When calling the program, be sure to choose the Restricted Card Program option from our automated voicemail system.

Sincerely,

Restricted Card Program Supervisor
Surveillance and Utilization Review Department

EXHIBIT C – J
PHARMACY ASSIGNMENT LETTER

Date

Pharmacy Provider
Attn: Pharmacy Manager
Pharmacy Address
City, State Zip

Re: IHCP Member
Member RID

Dear Pharmacy:

You have been selected by (1) the above-mentioned member of the Indiana Health Coverage Programs (IHCP) **OR USE** (2) Health Care Excel, as the contractor for the Office of Medicaid Policy and Planning (OMPP), to serve as this member's primary lock-in pharmacy. This selection occurred in response to the member being placed in the IHCP Restricted Card Program.

Under federal law, 45 CFR 164.506, a covered entity may disclose or release Protected Health Information without the individual's authorization, for treatment, payment and health care operation activities. According to federal law, 45 CFR 164.501, "health care operations" include conducting or arranging for medical review, legal, and auditing services, including fraud and abuse detection and compliance programs.

WHAT IS THE RESTRICTED CARD PROGRAM?

The Restricted Card Program monitors utilization of IHCP members who have been identified as misutilizing or overutilizing services. The goal of the IHCP is to provide quality healthcare through health care management, which includes restriction to assigned providers. The Restricted Card Program monitors member utilization with written referrals being made only when medically necessary.

This member has been restricted to the following providers:

Hospital Provider
Hospital Address
City, State Zip

Physician Provider
Physician Address
City, State Zip

EXHIBIT C – J

PHARMACY ASSIGNMENT LETTER (Continued)

YOUR ROLE AS THE PRIMARY LOCK-IN PHARMACY

Your role in the management of this member's care will be essential to the efforts of the Restricted Card Program. The OMPP and Health Care Excel (HCE) greatly appreciate the time and effort required to support this process. It is our hope that your support of this member's restriction, combined with the limitations placed on this member's ability to over utilize or misutilized physician and/or hospital services, will lead to a better health care outcome for this member.

HOW TO FILE CLAIMS FOR THE RESTRICTED CARD MEMBER

Any prescriptions written by the member's primary lock-in physician, or other lock-in provider, can be filed through normal claims submission procedures (via paper, electronically, or POS).

If a member presents a prescription from a provider not on the member's Lock-in eligibility screen, contact Health Care Excel (HCE) at (800) 457-4515. If HCE has received a valid referral for the provider, HCE can override the Lock-in List and allow for payment of the claim POS. If the member presents to you both a prescription and a referral, again contact HCE. When you fax the referral to HCE at (317) 347-4550, HCE can override the Lock-in List and the claim will pay POS.

The pharmacy also has the option of an Emergency Fill, which will bypass the member's Lock-in. When the pharmacist enters the level of service = 3, a 72-hour supply can be dispensed. This option should be utilized with careful discretion. If the provider writing the prescription is not on the member's Lock-in List, and HCE has not received a referral, the member must contact his or her primary care physician (PCP) for a referral. Claims will deny if these procedures are not followed.

Out-of-state generic provider numbers will not bypass the Lock-in or be accepted as a valid provider for a restricted member. All physicians must have an Indiana Medicaid provider number to be a covered provider for the Restricted Card Program. If the doctor is out-of-state, please determine whether the provider has an Indiana license number. If the provider has an Indiana license number, he or she may possibly be a provider for a restricted member.

If you are unclear regarding the procedures for filing via paper or electronically, you may reference any of the following.

EXHIBIT C – J
PHARMACY ASSIGNMENT LETTER (Continued)

- If your pharmacy is part of a retail chain of pharmacies, your corporate office staff may be able to assist with paper claim filing or electronic filing procedures.
- Contact the pharmacy claims processor, ACS, by calling (866) 645-8344 or by e-mail at Indiana.ProviderRelations@acs-inc.com.
- Write the following address:
Indiana Pharmacy Claims
c/o ACS
P.O. Box 502327
Atlanta, GA 31150

If you verify the member's eligibility and do not see the prescribing provider listed with the Lock-in, or you are concerned with the validity of the referral, please contact Health Care Excel at the number listed below to confirm whether the prescription is related to a valid referral. The member may or may not have a copy of the referral from their lock-in provider; this situation will not affect your ability to file a claim for payment of service.

Your assistance in this process is vital to the well-being of the member, and helps to control costs in an effort to save taxpayer dollars in the State of Indiana.

If you have any questions, please do not hesitate to contact Health Care Excel at (317) 347-4515 or toll-free at (800) 457-4515. When calling the program, be sure to choose the Restricted Card Program option from our automated voicemail system.

Sincerely,

Restricted Card Program Supervisor
Surveillance and Utilization Review

EXHIBIT C – K

HOSPITAL ASSIGNMENT LETTER

Date

Hospital Name

Hospital Address

City, State Zip

Re: IHCP Member
Member RID

Dear Hospital Provider:

You have been selected by (1) the above-mentioned member of the Indiana Health Coverage Programs (IHCP) **OR USE** (2) Health Care Excel, as the contractor for the Office of Medicaid Policy and Planning (OMPP), to serve as this member's lock-in hospital provider. This selection occurred in response to the member being placed in the IHCP Restricted Card Program.

Under federal law, 45 CFR 164.506, a covered entity may disclose or release Protected Health Information without the individual's authorization, for treatment, payment and health care operation activities. According to federal law, 45 CFR 164.501, "health care operations" include conducting or arranging for medical review, legal, and auditing services, including fraud and abuse detection and compliance programs.

WHAT IS THE RESTRICTED CARD PROGRAM?

The Restricted Card Program monitors utilization of IHCP members who have been identified as misutilizing or overutilizing services. The goal of the IHCP is to provide quality health care through health care management, which includes restriction to assigned providers. The Restricted Card Program monitors member utilization with written referrals being made only when medically necessary. This member has been restricted to the following providers:

Physician Provider
Physician Address
City, State Zip

Pharmacy Provider
Pharmacy Address
City, State Zip

The Office of Medicaid Policy and Planning (OMPP) greatly appreciates your support in coordinating the health care of this member. Your support in this process is vital to the well being of the member, and helps to control costs in an effort to save taxpayer dollars in the State of Indiana.

EXHIBIT C – K
HOSPITAL ASSIGNMENT LETTER (Continued)

If you need additional information regarding the Restricted Card Program, please do not hesitate to contact me at (317) 347-4527 or toll-free at (800) 457-4515. When calling the program, be sure to choose the Restricted Card Program option from our automated voicemail system.

Sincerely,

Restricted Card Program Supervisor
Surveillance and Utilization Review

EXHIBIT C – L
GUIDELINES FOR REQUESTING A CHANGE OF RESTRICTED PROVIDER

DATE

NAME
ADDRESS
ADDRESS
ADDRESS

RID#: 111111999999

Dear Member X:

This letter is in response to your recent request to change your provider(s) under the Restricted Card Program. Enclosed is an outline of the guidelines for requesting a change of provider for Medicaid members with a restricted Hoosier Health Card. If you wish to proceed with requesting a change in provider after reading the attached guidelines, please contact our office.

By mail:

Health Care Excel
ATTN: Restricted Card Program
P.O. Box 531700
Indianapolis, IN 46253-1700

By phone:

Local Calls 317-347-4527
Outside Indianapolis 800-457-4515

Respectfully,

Restricted Card Program Supervisor
Surveillance and Utilization Review

Enclosure

EXHIBIT C – L
GUIDELINES FOR REQUESTING A CHANGE OF RESTRICTED PROVIDER
(Continued)

A request to change any of the restricted providers will be considered only after the previous restricted provider has managed your care for a period of at least 12 months.

Earlier changes will be approved only if one of the following conditions exist.

1. Another health care provider would better treat your condition or illness.
2. You move too far away from your primary doctor.
3. Your primary doctor moves too far away from you.
4. Your doctor discharges you or terminates your care.
5. Your doctor no longer sees IHCP members.

In either of the above cases, you must submit a request to change or add a provider in writing with the following information.

1. Your name and Medicaid number;
2. The new provider's first and last name (or company name if pharmacy or ER), address and phone number;
3. Statement describing why you are requesting the new provider; and
4. Your signature and date of request.

Please note that this is only a request, as the Restricted Card Reviewer will consider your request and determine if it is accepted or denied.

If any provider terminates his or her care with you, they must submit a letter of termination to the Restricted Card Program before any change will be considered. If the provider has retired or passed away, the Restricted Card Reviewer will verify this information before any changes are considered. It is then your responsibility to find a new provider who is accepting new patients with Medicaid.

The following information must be submitted to the Restricted Card Program by telephone or by mail.

1. The new provider's first and last name (or company name if pharmacy or ER), address and phone number; and
2. Confirmation, if selecting a new primary care physician, of their acceptance of a new patient with Medicaid.

By mail:
Health Care Excel
ATTN: Restricted Card Program
P.O. Box 531700
Indianapolis, IN 46253-1700

By phone:
Local Calls 317-347-4527
Outside Indianapolis 800-457-4515

EXHIBIT C – M
CERTIFICATE OF SERVICE DOCUMENT

It is hereby certified that the enclosed documents were delivered to the Marion County Office of Family and Children Attention: Hearing Officer by Federal Express Mail – Tracking Number 833190938698. The Hearing Officer will present a copy to the appellant and a copy to the Administrative Law Judge on or before the 24th day of October 2002, in response to an administrative hearing.

In the event the appellant does not appear for the scheduled hearing, and no continuance has been requested, the presenter will agree to contact the Program Integrity Specialist in order for the lock-in restriction to be initiated.

In the event the appellant does not appear for the scheduled hearing, and no continuance has been requested, all documents will be shredded in order to protect the confidentiality of the appellant.

This packet and all attachments contain confidential information. In the event that the appellant does not appear for the scheduled hearing and no continuance is requested the County will shred all documents to protect the confidentiality of the appellant.

Signed: _____
Caseworker / Supervisor

Date: _____

Appellant Restricted Card Hearing
Hearing Date and Time

Name Deleted
Date and Time

Date of Certification:

The Surveillance and Utilization Review Department of Health Care Excel, Inc. certifies that the enclosed information is a true and complete testimony and demonstrative evidence of services reimbursed by the Indiana Health Coverage Programs.

In Witness Whereof, I have hereunto set my hand this 15th day of October 2002.

Signed: _____

Restricted Card Reviewer
Surveillance and Utilization Review
Indiana Health Coverage Programs

This copy should be signed and sent via facsimile to 317-347-4550. Please notify immediately in the event of a continued hearing request or if the appellant fails to appear. *Attention: Appeals – Restricted Card Reviewer*

EXHIBIT C – N STATEMENT OF RATIONALE

Appellant Data

MC 64 / Restricted Card

Reason for review

As part of an initiative to improve health care outcomes and control program expenditures, the Indiana Office of Medicaid Policy and Planning (OMPP) contracted with an outside Certified Public Accounting (CPA) firm to conduct profile audits on Medicaid recipients identified as utilizing an inappropriate volume of service providers.

Period of Review

Myers and Stauffer Profile Audit for State Fiscal Year (SFY)

- ♦ SFY 2000 July 1, 1999 to June 30, 2000
- ♦ SFY 2001 July 1, 2000 to June 30, 2001
- ♦ SFY 2002 July 1, 2001 to June 30, 2002

Statement of Issue

The appellant was notified by mail of the State's recommendation of a five- (5) year lock-in restriction.

Exhibit B 1 of 3

Under the provisions of federal law, **42 CFR 431.200 et seq.**, the appellant filed a request for an administrative hearing to object to the lock-in restriction. **Exhibit C 1 of 2**

Actions of Appellant

For all recipients in the Low-Income Families aid category, the average number of pharmacies utilized per year is one and the average number of prescribers is two. The outlier thresholds (three standard deviations above the averages) for the aid category is five pharmacies and nine prescribers. The following is utilization reviewed for services obtained by the appellant.

EXHIBIT C – N
STATEMENT OF RATIONALE (Continued)

SFY 2000	0 pharmacies and 0 prescribers/no utilization noted
SFY 2001	7 pharmacies and 12 prescribers
SFY 2002	12 pharmacies and 14 prescribers

The appellant exceeded the threshold among peers in this aid category in the number of prescribers and pharmacies for SFY 2001 and 2002.

Exhibit D 1 of 1

The data for prescribers and physicians who submitted claims for payment indicates there were not any physicians in the same physician's group, in the same physician practice, or at the same practice address. The SFY 2001 and SFY 2002 summary of physicians and providers visited and/or who prescribed medication is attached. It is indicated that one of the diagnoses for which the appellant sought treatment for from all providers was abdominal pain. The exception would be the visits to an Ophthalmologist.

Exhibit E 1 of 6 Summary 2001
Exhibit E1 1 of 7 Summary 2002

The data for pharmacy utilization indicates the following pharmacies were utilized during the time period reviewed.

SFY 2001

- | | |
|------------------------------------|------------|
| 1. CVS Pharmacy 6910 | Chesterton |
| 2. Pharma-Card Inc East Porter Ave | Chesterton |
| 3. Fagen Pharmacy | Westville |
| 4. Pharma-Card Roosevelt Road | Valparaiso |
| 5. Walgreens 03880 | Valparaiso |
| 6. Walgreen 04946 | Chesterton |
| 7. CVS Pharmacy 6905 | Valparaiso |

SFY 2002

- | | |
|---------------------------------|------------|
| 1. CVS Pharmacy 6910 | Chesterton |
| 2. Pharma-Card Inc E Porter Ave | Chesterton |
| 3. CVS Pharmacy 7651 | Lafayette |
| 4. Telcher Gilbert Rx | Valparaiso |
| 5. Osco Drugs 3189 | Chesterton |
| 6. Walgreen 04946 | Chesterton |

EXHIBIT C – N
STATEMENT OF RATIONALE (Continued)

7. CVS Pharmacy 6538	Knox
8. Walgreens 01699	Knox
9. Walgreens 03680	Valparaiso
10. Walgreens 04560	Portage
11. Meijer Pharmacy	Lafayette
12. Meijer Pharmacy 149	Michigan City

Medications the appellant obtained that may warrant close monitoring by one primary pharmacy.

SFY 2001

Acetaminophen (Tylenol) w/Codeine #3	
Sonata Capsule	
Vicoprofen 200/7.5	
Propoxy (Darvocet) 100-650	
Hydrocodone 7.5/500	
OxyContin ® 20mg	(S-II Controlled Substance)
OxyContin ® 40mg	“ “ “

SFY 2002

Vicoprofen 200/7.5	
Alprazolam (Xanax) 1mg	
Hydrocodone 10/500	
Hydrocodone 7.5/500	
Duragesic 100 MCG/Hour Patch	(Fentanyl – S-II controlled substance)
Duragesic 75 MCG/Hour Patch	“ “ “ “
Duragesic 50 MCG/Hour Patch	“ “ “ “
OxyContin ® 20mg	(S-II Controlled Substance)
Actiq 600MCG Lozenge	(S-II Controlled Substance)
Actiq 800 MCG Lozenge	“ “ “
Ambien 10mg	
Lorazepam 2mg	

Exhibit F 1 of 4

EXHIBIT C – N
STATEMENT OF RATIONALE (Continued)

Emergency room utilization was reviewed for the same timeframe. The data analysis indicates the appellant utilized the emergency room 24 times during the review periods.

SFY 2001 Summary, there were five visits to three different emergency room facilities with the following diagnoses. There is an indication the appellant with a diagnosis of abdominal pain is utilizing the emergency room as a walk-in doctor's office and is being treated by several different physicians and/or providers.

Drug Dependency Continued Use
Person Feigning Illness
Abdominal Pain, Other Specified Site
Abdominal Pain Unspecified Site
Abdominal Pain Right Lower Quadrant
Mononeuritis of Leg NOS

Exhibit G 1 of 12

SFY 2002 Summary, there were 20 visits to seven different emergency room facilities with the following diagnoses. There is an indication the appellant with a diagnosis of abdominal pain is utilizing the emergency room as a walk-in doctor's office and is being treated by several different physicians and/or providers.

Abdominal Pain Other Specified Site
Abdominal Pain Right Lower Quadrant
Abdominal Pain Unspecified Site
Mononeuritis of Leg NOS
Hernia Not Otherwise Specified
Surgical Procedure Reaction/No Complication
History of Schizophrenia
Pain In Limb
Backache
Sacroiliitis

EXHIBIT C – N

STATEMENT OF RATIONALE (Continued)

Exhibit H 1 of 50

A review of provider utilization during the time periods referenced above revealed the Woodland Pain Center is treating the appellant for pain. In addition, the Woodland Pain Center has diagnoses 30789 Psychogenic Pain NEC. This is a disorder in which the pain is associated with psychological, emotional or behavioral stimulus. The principal complaint is pain that is out of proportion to objective findings and is related to psychological factors. (*Reference Stedman's Medical Dictionary*)

Exhibit I 1 of 4

Indiana Medicaid 405 IAC Regulations

405 IAC 1-1-2 (c) states, “In the event that the office determines that an Indiana Medicaid recipient has utilized any Indiana Medicaid service or supply at a frequency of amount not medically necessary, the office may restrict the benefits available to such Indiana Medicaid recipient for a period of time, not less than two (2) years nor more than five (5) years, sufficient in the opinion of the office, to prevent abuses, by noting any restriction on the face of the recipient’s Indiana Medicaid card.”

405 IAC 1-1-2(c)(1) states, “Any Indiana Medicaid recipient whose benefits have been restricted pursuant to subsection © may appeal such restriction. Recipient appeal rights shall be those provided in **42 CFR** as required by **IC 12-15-28-1,**”

Summary of Policy

The Office of Medical Policy and Planning (OMPP) has requested that all members utilizing multiple pharmacies, prescribing physicians, and/or physician practitioners to be placed on a lock-in restricted card, requiring the member to establish a medical and pharmacy home. This policy, commonly referred to as lock-in restriction, is intended to reduce or eliminate doctor hopping, doctor shopping, polypharmacy use, multiple prescribers utilization, controlled substance abuse, and drug misutilization which may cause adverse drug reactions and/or drug-to-drug interactions. The State’s OMPP requests that all IHCP members who exceed the identified threshold of prescribers and/or pharmacies to be recommended for a lock-in restricted card for a period to be determined by the amount of over-utilization.

EXHIBIT C – N

STATEMENT OF RATIONALE (Continued)

Audit Findings

The findings of the audit conducted indicate the appellant exhibits multiple provider and pharmacy utilization, as well as misuse of emergency services for non-emergent conditions.

The prescriber and physician audit indicates multiple physicians at different locations are treating the appellant for the same diagnosis of abdominal pain and may be prescribing the same medications. These physicians were indicated to be at different practice addresses and were not indicated as belonging to the same physician group.

The pharmacy audit indicates the appellant utilized multiple pharmacies during the time period reviewed. Although each individual physician may be monitoring the medication for which they are prescribing, a physician may not be aware of other physicians who may be prescribing the same or like medications. This indicates there is potential for an adverse drug reaction and/or drug to drug interaction. It is not indicated that one primary pharmacy currently is able to monitor all prescriptions that the appellant has obtained.

The appellant utilized many of the same pharmacies consistently throughout the review; however, the number of pharmacies utilized steadily increased. The appellant may be utilizing the nearest pharmacy to a physician's office, or the pharmacy that is most convenient at the time the prescription is written. However, the type of medication the appellant is being prescribed indicates one pharmacy should be utilized in order to monitor for drug to drug interactions or adverse drug reactions. This monitoring is not only important for the medications for which the appellant has been prescribed but also for over the counter medications the appellant may take that would interfere or cause an adverse reaction with prescribed medications. In addition, since the appellant has different physicians who may prescribe the same or like medications, one primary pharmacy would be alerted and contact the prescribing physician.

The emergency room service audit conducted indicates the appellant may be utilizing the emergency room as a walk-in doctor's office for the non-emergent diagnoses of backache, abdominal pain, mononeuritis of leg and pain in limb. The emergency room should be utilized for true emergencies and as an extension of medical services when appropriately referred by a primary care physician for medically necessary emergent conditions that require immediate and/or acute care.

EXHIBIT C – N

STATEMENT OF RATIONALE (Continued)

State Recommendation and Education

As permitted by **405 IAC** regulations, OMPP has determined that invoking a lock-in restricted card will assist in controlling misutilization and/or overutilization of services by the assignment of one primary care physician, one pharmacy, and one hospital facility. The State's intent is not to deny the appellant any covered Medicaid services, but to ensure there is a continuity of medical care and medication management.

The State does not dispute that the appellant may have valid medical and/or medication needs. The restricted card lock-in program is not a sanction, a punitive action, nor a reduction in any covered Medicaid benefits. The lock-in restriction is a structured managed care process that will benefit medical and medication requirements while providing education regarding Medicaid rules and regulations and the appropriate utilization of all covered Medicaid services.

- ♦ The State recommends a lock-in regarding emergency room utilization to one primary hospital for emergency services. The appellant has the right to select one primary hospital to provide this service. The appellant may receive emergency care for any life altering or life threatening medical condition without restriction. However, services received in an emergency room that are not considered to be true emergencies may result in the appellant being financially responsible for the charges incurred.
- ♦ The State recommends a lock-in regarding pharmacy utilization to one primary pharmacy for this service. The appellant has the right to select the primary pharmacy of choice and convenience to monitor all prescription medication for drug to drug interactions and/or adverse drug reactions, and/or assistance with any over the counter drugs that Medicaid may or may not pay for.
- ♦ The State recommends a lock-in regarding physician utilization to one primary care physician. This will enable the appellant and the physician to develop a patient/doctor relationship. The primary care physician will have the responsibility to oversee medical care and appropriately refer the appellant to specialist and/or the emergency room as medically necessary. The appellant has the right to select the one primary care physician to manage all medically necessary care.
- ♦ The State recommends that a five- (5) year lock-in is warranted. The recommendation is based on the audit findings and the indication of excessive overutilization patterns. At the end of the lock-in restriction a re-evaluative review will be conducted to determine if the appellant has complied with all of the lock-in restriction guidelines. If the appellant exhibits total compliance of the lock-in restriction guidelines, the lock-in restriction will be terminated.

EXHIBIT C – O
LOCK-IN RESCINDED – MEMBER LETTER

Date

MSO4
Office of Hearings and Appeals
402 W Washington Street, Room W392
Indianapolis, IN 46204-2739

RE: Rescind Restricted Card Recommendation
Jane Doe MD 32 1006541179
Request Agency Reversal

The Surveillance and Utilization Review (SUR) has determined a restricted lock-in card will not be implemented at this time.

The implementation of a restricted card was based on the appellant's service utilization for State Fiscal Year (SFY) 2000, 2001 and 2002 in regard to the number of pharmacies and physicians utilized.

405 IAC 1-1-2 (c) states, "In the event that the office determines that an Indiana Medicaid recipient has utilized any Indiana Medicaid service or supply at a frequency of amount not medically necessary, the office may restrict the benefits available to such Indiana Medicaid recipient for a period of time, not less than two (2) years nor more than five (5) years, sufficient in the opinion of the office, to prevent abuses, by noting any restriction on the face of the recipient's Indiana Medicaid card."

SUR does reserve the right to reopen this case in the event Medicaid service utilization is identified as above average. Service utilization will be periodically reviewed. The appellant is advised to utilize one primary care physician to oversee medical care and referrals to specialist, the utilization of one pharmacy to monitor drug to drug interactions and/or adverse drug reactions, and limiting utilization of emergency room services for conditions that are true emergencies and/or life threatening.

Restricted Card Reviewer
Surveillance and Utilization Review

c: Member

EXHIBIT C – P
ADMINISTRATIVE REVIEW MEMBER LETTER

Date

ADDRESS

RID#: XXXXXXXXXXXXX

Dear:

An administrative review was completed based on your claim history by the Indiana Health Coverage Programs (IHCP), Restricted Card Program. The Surveillance and Utilization Review (SUR) has determined a restricted card will not be implemented at this time.

SUR does reserve the right to reopen this case in the event Medicaid service utilization is identified as above average for the peer aid category. Service utilization will be closely monitored. You are advised to limit physician utilization to one primary care physician to oversee medical care and referrals to specialists, utilizing one primary pharmacy for all medications to monitor drug to drug interactions and/or adverse drug reactions, and to limit utilization of emergency room services for conditions that are true emergencies and/or life threatening.

If you have any questions, please contact our office at the following address and phone.

Health Care Excel
ATTN: Restricted Card Program
P.O. Box 531700
Indianapolis, IN 46253-1700
(Local) 317-347-4527
(Outside of Indianapolis) 800-457-4515

Respectfully,

Restricted Card Program Supervisor
Surveillance and Utilization Review

EXHIBIT C – Q
MEMBER LETTER FOR RESTRICTION REMOVAL

Date

Member's Name
Street Address
City, IN Zip Code

RID# 000000000000

Dear :

Your restricted card status will be removed starting (date).

Please be advised that our goal of the Indiana Health Coverage Programs (IHCP) is to promote quality health care through health care management. We recommend that you continue to receive quality health care from a primary care physician, as the Restricted Card Program will continue to monitor your utilization of IHCP services.

If you have any questions, please call our office at (800) 457-4515, option #2.

Respectfully,

Restricted Card Program Supervisor
Surveillance and Utilization Review

EXHIBIT C – R

AGENCY REVERSAL LETTER

Date

MSO4

Office of Hearings and Appeals
402 W Washington Street Room W392
Indianapolis, IN 46204-2739

RE: Rescind Restricted Card Recommendation
Jane Doe MD 32 1006541179
Request Agency Reversal

The Surveillance and Utilization Review (SUR) has determined a restricted lock-in card will not be implemented at this time.

The implementation of a restricted card was based on the appellant's service utilization for State Fiscal Year (SFY) 2000, 2001 and 2002 in regard to the number of pharmacies and physicians utilized.

405 IAC 1-1-2 (c) states, "In the event that the office determines that an Indiana Medicaid recipient has utilized any Indiana Medicaid service or supply at a frequency of amount not medically necessary, the office may restrict the benefits available to such Indiana Medicaid recipient for a period of time, not less than two (2) years nor more than five (5) years, sufficient in the opinion of the office, to prevent abuses, by noting any restriction on the face of the recipient's Indiana Medicaid card."

SUR does reserve the right to reopen this case in the event Medicaid service utilization is identified as above average. Service utilization will be periodically reviewed. The appellant is advised to utilize one primary care physician to oversee medical care and referrals to specialist, the utilization of one pharmacy to monitor drug to drug interactions and/or adverse drug reactions, and limiting utilization of emergency room services for conditions that are true emergencies and/or life threatening.

Restricted Card Reviewer
Surveillance and Utilization Review

EXHIBIT C – S
ADMINISTRATIVE REVIEW MEMBER LETTER

Date

ADDRESS

RID#: XXXXXXXXXXXXX

Dear:

An administrative review was completed based on your claim history by the Indiana Health Coverage Programs (IHCP), Restricted Card Program. The Surveillance and Utilization Review (SUR) has determined a restricted card will not be implemented at this time.

SUR does reserve the right to reopen this case in the event Medicaid service utilization is identified as above average for the peer aid category. Service utilization will be closely monitored. You are advised to limit physician utilization to one primary care physician to oversee medical care and referrals to specialists, utilizing one primary pharmacy for all medications to monitor drug to drug interactions and/or adverse drug reactions, and to limit utilization of emergency room services for conditions that are true emergencies and/or life threatening.

If you have any questions, please contact our office at the following address and phone.

Health Care Excel
ATTN: Restricted Card Program
P.O. Box 531700
Indianapolis, IN 46253-1700
(Local) 317-347-4527
(Outside of Indianapolis) 800-457-4515

Respectfully,

Restricted Card Program Supervisor
Surveillance and Utilization Review

EXHIBIT C – T
MEMBER RESTRICTION IMPLEMENTATION NOTIFICATION
AFTER APPEAL IN FAVOR OF THE STATE

Date

ADDRESS

RID#: XXXXXXXXXXXXX

Dear Ms. XXXX:

A letter was sent to you on XXXXXX explaining that a misuse or overutilization of Medicaid covered services on your Hoosier Health Card had occurred. This letter also detailed the process involved in restricting the providers from whom you may receive Medicaid covered services. In a request for a hearing written by you and dated XXXXXXX, you requested a hearing to appeal the restriction decision. This hearing was scheduled for XXXXXXX at Xpm at the XXXXXXX County Office of Family and Children. Since the decision was in favor of the State, the following Medicaid providers have been selected on your behalf.

Physician	Pharmacy	Hospital

If you have any questions, please contact me as my office information is below.

Health Care Excel
ATTN: Restriction Card Program
P.O. Box 531700
Indianapolis, IN 46253-531700
(Local) 317-347-4527
(Outside of Indianapolis) 800-457-4515

Respectfully,

Restricted Card Program Supervisor
Surveillance and Utilization Review

EXHIBIT C – U
MEMBER COMPLIANCE REVIEW
INTERIM REVIEW BEFORE THE END OF THE RESTRICTION PERIOD

Restricted Card Program (RCP) Interim Compliance Review

Member Name: _____

Member RID: _____

RCP Reviewer: _____

Date Restriction Implemented: __ / __ / __

Date of Interim Audit Review: __ / __ / __

Audit Time Period: __ / __ / __ to __ / __ / __

Y or N **Current Eligibility Date:** __ / __ / __ to __ / __ / __

Brief Explanation of Other Eligibility Findings: _____

_____ **Number of prescriptions paid during audit period.**

_____ **Number of prescriptions denied during audit period.**

_____ **Number of PRO DUR early refill rejections during audit period.**

_____ **Number of prescription attempts denied for non-lock-in pharmacy.**

_____ **Number of emergency room visits.**

_____ **Number of emergency room visits within same month or same week.**

_____ **Number of denied emergency room visits.**

Non-emergent diagnoses and/or additional information:

_____ **Number of denied physician visits due to lack of referral from PCP.**

Other Information:

(OVER)

EXHIBIT C – U
MEMBER COMPLIANCE REVIEW (Continued)

_____ Continue restriction and educate member in the area of _____

Date education letter sent to member (attach copy) __ / __ / __

_____ Terminate restriction and close file

Reason for Closure: *(circle one)*

A) Eligibility Terminated Inactive Date __ / __ / __

B) Appropriate Utilization and/or Restricted Card Guideline Compliance

C) Diagnosis: Principal _____ Secondary _____

D) 590 Program Active Date __ / __ / __

E) Other _____

NOTE:

Claims that are denied for billing issues not specific to the restricted card are not included in this audit. Specific providers and/or the claims processing company handle these issues.

Revised 7/8/03

EXHIBIT C – V
MEMBER NOTIFICATION OF THE CONTINUATION OF THE RESTRICTION
FOLLOWING COMPLIANCE REVIEW

Date

ADDRESS

RID# XXXXXXXXXXXXX

Dear:

This letter is to inform you that Health Care Excel has evaluated the current status of your Indiana Health Coverage Programs restricted card utilization. The Restricted Card Program found that you have continued to over-utilize Medicaid services in the following areas: xxxxxxxxxxxxxxxx.

Therefore, it has been determined the restriction of your Medicaid card will be extended for an additional two years. The following is a list of the providers that you have selected to manage your medical care.

Physician(s)

Hospital(s)

Pharmacy

If any of the above provider information is incorrect, or if you need to change your doctor, hospital and/or drug store (providers), please contact the Restricted Card Specialist at (800) 457-4515, option 2.

NOTE: The Indiana Health Coverage Programs will not pay charges for services obtained without a written referral from your primary care physician.

If you disagree with this decision, you have the right to appeal. If you choose to exercise your right to appeal, you must file an appeal within 10 calendar days from the date of this letter. The appeal letter must be mailed to the following address, and state that “you are appealing the restricted card decision.”

MS04
Indiana Family and Social Services Administration
Hearings and Appeals
402 W. Washington Street, Room. W392
Indianapolis, IN 46202

EXHIBIT C – V
MEMBER NOTIFICATION OF THE CONTINUATION OF THE RESTRICTION
FOLLOWING COMPLIANCE REVIEW (Continued)

Upon receipt of your letter, an administrative hearing will be scheduled under the provisions of Federal Law 42 CFR 431.200 et. seq.

Respectfully,

Restricted Card Program Supervisor
Surveillance and Utilization Review

EXHIBIT C – W
MEMBER LETTER FOR RESTRICTION REMOVAL

Date

Member's Name
Street Address
City, IN Zip Code

RID# 000000000000

Dear :

Your restricted card status will be removed starting (date).

Please be advised that the goal of the Indiana Health Coverage Programs (IHCP) is to promote quality health care through health care management. We recommend that you continue to receive quality health care from a primary care physician, as the Restricted Card Program will continue to monitor your utilization of IHCP services.

If you have any questions, please call our office at (800) 457-4515, option #2.

Respectfully,

Restricted Card Program Supervisor
Surveillance and Utilization Review

EXHIBIT C – X
MEMBER ADMINISTRATIVE REVIEW NOTIFICATION
FOLLOWING COMPLIANCE REVIEW

Date

ADDRESS

RID

Dear

An administrative review was completed based on your claim history by the Indiana Health Coverage Programs (IHCP), Restricted Card Program. It is evident that there is minor, although concerning, overutilization in the area of XXXXX. The goal of the Restricted Card Program is to improve the quality of health care coverage through a primary care physician. We recommend that, if you do not have a primary care physician, you spend time in finding one to better manage your health care coverage under IHCP services. Be advised that the IHCP reserves the right to monitor your utilization to determine if further action is necessary.

If you have any questions regarding this notification, please contact our office.

By mail:

Health Care Excel
ATTN: Restricted Card Program
PO Box 531700
Indianapolis, IN 46253-1700

By phone:

Local Calls: 317-347-4527
Outside Indianapolis: 800-457-4515

Respectfully,

Restricted Card Program Supervisor
Surveillance and Utilization Review

EXHIBIT C – Y
QUALITY REVIEW CHECKLIST FOR THE RESTRICTED CARD PROGRAM
RESTRICTION IMPLEMENTATION

Reviewer/Specialist: _____

File/RID: _____

MEMBER AIM SCREENS:

- _____ Member Base (5)
- _____ Member Eligibility (5)
- _____ PMP Screen (5)
- _____ Medicare Eligibility (5)
- _____ SUR Initial Case Report (5)
- _____ Provider Screens/other provider listing (5)
- _____ Lock-in Screen with Providers (5)

_____ **Subtotal of 35 possible**

CORRESPONDENCE AND DOCUMENTATION:

- _____ Basis for Restriction and Duration of Restriction (15)
- _____ Initial Notification (10)
- _____ Confirmation/Notification of Restricted Providers (10)

_____ **Subtotal of 35 possible**

DATA INTEGRITY:

- _____ SURS and IndianaAIM both restricted (15)
- _____ If PCCM/Medicaid Select at time of restriction/correct PMP entered (10)
- _____ Referrals -allow for carve-out providers, when appropriate (5)

_____ **Subtotal of 30 Possible**

_____ **Total**

NOTES: _____

Return to Specialist/Reviewer for Further Action (not errors):

☒ Update Member Address ☒ MCO/ PMP Change ☒ Death

Reviewed By: _____ Date: _____

EXHIBIT C – YA
QUALITY REVIEW CHECKLIST FOR THE RESTRICTED CARD PROGRAM
COMPLIANCE REVIEWS

Reviewer/Specialist: _____

File/RID: _____

SURS DATABASE

SURS Status Tab

____ Level 4 checked & date (5)

____ Current Case Status given (5)

____ Continue Restriction: Length of Restriction and a new Review Date

Or

____ Close Case: Levels 4 & 5 checked and Closure Reason stated (10)

SURS Letter Tab

____ R01 Ending Restricted Card Notice or R02 Recipient Continued Restricted Card

Letter listed **or** Exception Stated (5)

SURS Notes Tab

____ Entry that restriction ended or continued with rationale (Up to a 15 points subtotal)

SURS Compliance Review Tab

____ All fields are completed (4 points for each field for a subtotal of 20 points possible)

____ **SUBTOTAL OF 60 POSSIBLE**

INDIANA AIM

____ Continue Restriction: New restriction period entered; Active Providers listed

Or

____ Close Case: Restriction End Dated; No provider appears on the Recipient Active Providers Per Restriction Period screen (10)

____ **SUBTOTAL OF 10 POSSIBLE**

MEMBER PAPER FILE

____ A correctly completed Member Compliance Worksheet (15)

____ Paid and denied claims history (10)

____ Member Notification Letter (of continued restriction or case closure) (5)

____ **SUBTOTAL OF 30 POSSIBLE**

____ **TOTAL POINTS**

Reviewed By: _____ Date: _____

EXHIBIT C – YB
QUALITY REVIEW CHECKLIST FOR THE RESTRICTED CARD PROGRAM
APPEALS

Reviewer: _____
File/RID: _____

SURS DATABASE

SURS Status Tab

____ Current Case Status and/or Case Status History reflect(s) the appeal (10)

SURS Appeals Tab

____ Dates Appeal received (State & HCE) (5)

____ Hearing Date (5)

____ Cause Number (5)

____ Appeal Packet Completion Date (5)

____ Appeal Notes related to each change in Appeal Case Status (10)

____ **SUBTOTAL OF 40 POSSIBLE**

MEMBER PAPER FILE

____ Appeal Packet (Packet subtotal = 40)

- Timely or untimely appeal stated (5)
- Summary analysis of claims history (25)
- State Recommendation regarding restriction (10)
- Office of Hearings and Appeals documentation is present (10)
- Member notification of restriction or case closure (10)

____ **SUBTOTAL OF 60 POSSIBLE**

____ **TOTAL POINTS**

Notes: _____

Reviewed By: _____ Date: _____

EXHIBIT C – YC
QUALITY REVIEW CHECKLIST FOR THE RESTRICTED CARD PROGRAM
MEMBER CASE LOG – SURS NOTES

Date(s) of Entries: _____

Instructions: Print one day of SURS Member Case Notes for each reviewer/specialist. Score two points for each category that is satisfactorily completed. Score one point for an acceptable exception. No points will be given for unsatisfactory documentation.

Criteria	Reviewer's Initials & Date	Reviewer's Initials & Date	Reviewer's Initials & Date	Reviewer's Initials & Date	Reviewer's Initials & Date
Clear description					
Correct spelling					
Reason for referral fax back					
Referrals have first & last name of specialist with dates of referral coverage					
RCP Referral has rationale and number of years					
Compliance reviews give rationale & new restriction years or closure					
Coordination with AmeriChoice					
Reason for pharmacy overrides					
Member understanding					
Notification to RCP Supervisor if warranted					
Total Points					

Reviewed By: _____ Date: _____

EXHIBIT C – Z
QUALITY REVIEW CHART AUDIT SUMMARY

Review Period:						
Date Reviewed:						
Reviewed By:						
Reviewer	Member Name	RID	AIM Screens (35 pts)	Correspondence (35 pts)	Data Integrity (30 pts)	Total (100 pts)
TOTAL POINTS			0	0	0	
AVERAGE POINTS						
Files Reviewed						
Possible Points						
Accumulated Points						
% Correct						

EXHIBIT C – ZA
QUALITY REVIEW MASTER SUMMARY

Review Period:

Reviewed By:

Review Category	Monthly Score	Weighting Factor	Total Points
Restriction Implementation		30%	0.00
Compliance Reviews		30%	0.00
Appeals		10%	0.00
Member Case Log - SURS Notes		30%	0.00
Monthly Composite Score			0.00

EXHIBIT C – AA
RESTRICTED CARD PROGRAM REQUEST FOR REFERRAL CORRECTION

To: _____
Fax: _____
Phone: _____

From: HCE, Surveillance and Utilization Review
Fax: (317) 347-4550
Phone: (317) 347-4527 or (800) 457-4515

Dear Provider:

Health Care Excel is in receipt of your referral to add a physician or other medical provider to the member's list of eligible medical providers. We are unable to process this referral due to missing information that is required to fulfill your request. The missing information is:

- ☐ Patient's Medicaid Identification or RID Number.
- ☐ The first name of the physician to whom the member is being referred is missing. The specialty or telephone number may also help us identify physicians with common names.
- ☐ Your referral includes only the practice name. The name of the physician who will be seeing the patient is necessary. The group can be added but the member will not be able to obtain medication without the specific doctor's name on the lock-in list.
- ☐ The Primary Care Physician's signature is required. Office staff signatures are not sufficient and referrals from a specialist must be co-signed/approved by the Primary Care Physician.
- ☐ Date(s) for which the referral is needed must be specified. The primary care physician may write that the member may see the specialist "as needed". "As needed" referrals will be valid for up to one year from the date written.
- ☐ Other: _____

Please correct your referral by adding the information directly to your referral. Do not add the needed information to this request form. Fax both this request form and your corrected referral to (317) 347-4550. Providers will not be added to a member's lock-in list until a referral form with complete information is received.

Notice of Protected Information

This facsimile transmission (and any attachments) may contain protected health information (PHI), or other confidential information, which is intended only for the individual or entity named on this transmission page. Any unintended recipient is hereby notified that the information is privileged and confidential, and any use, disclosure, or reproduction of this information is prohibited. Any unintended recipient should contact HCE by telephone at (317) 347-4500 immediately so that the transmission can be retrieved.

EXHIBIT C – AB EMERGENCY ROOM EDUCATION LETTER

Date

ADDRESS

RID#: XXXXXXXXXXXXX

Dear Ms. XXXX:

A review of your emergency room visits has resulted in a concern that your use of emergency room services may not be appropriate.

The goal of the IHCP Restricted Card Program is to improve the quality of healthcare coverage by management through a primary care physician. Use of any and all services is to be approved by your primary care physician. During the time of the restriction and at the end of your restriction period, we will be monitoring use of services, including the use of the emergency room. If we find that you have not been using services appropriately, the time period of your restriction will be extended.

You should always contact your primary care physician before seeking treatment at the emergency room.

Emergency room benefits are intended only to provide care for “Major Injuries” or “Life-Threatening” conditions.

Examples of correct use may include:

1. Unconsciousness
2. Severe trouble breathing
3. Severe chest pain
4. Swallowing something poisonous
5. Overdose of drugs
6. Uncontrollable bleeding

Examples that may not be correct:

1. Headaches
2. Lumbago (chronic back pain)
3. Chronic joint pain
4. Dental pain
5. Chronic conditions i.e. sinusitis, bronchitis, diabetes, etc.

Please be aware that without approval from your primary care physician to be sure he or she agrees the visit is necessary, we consider it incorrect use of the emergency room. We will not be able to approve Medicaid payment for emergency room service or related prescriptions without the physician’s referral. Although, in the past, you may not have found yourself financially responsible for these services, be aware that you can be held financially responsible for any services not approved by your primary care physician.

EXHIBIT C – AB (Continued)
EMERGENCY ROOM EDUCATION LETTER

If you have any questions please contact our office:

Health Care Excel
ATTN: Restricted Card Program
PO Box 531700
Indianapolis, IN 46253-1700
(Local) 317-347-4527
(Outside of Indianapolis) 800-457-4515

Respectfully,

Restricted Card Program Supervisor
Surveillance and Utilization Review

**EXHIBIT C – AC
COMPLIANCE REVIEW AT THE END OF
THE RESTRICTION PERIOD**

**Level 4 – Compliance Review
Member Compliance Worksheet**

Member Name: _____ RID#: _____

Restriction Implemented: _____ Current Restriction Period

Date Review Completed: _____ 2 Yrs ☐ 3 Yrs ☐ 4 Yrs ☐ 5 Yrs ☐

Result of Review: ☐ Continued ☐ Restriction Ended

COMPLIANCE REVIEW CRITERIA

<i>Point Assigning Schedule:</i>	<i>0 Pts Each</i>	<i>2 Pts Each</i>	<i>4 Pts Each</i>	<i>6 Pts Each</i>	<i>8 Pts each</i>
Average # of Non Lock-	<input type="checkbox"/> 0-2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6+
	In Pharmacies per year*				
Frequency**	<input type="checkbox"/> 0-3	<input type="checkbox"/> 4-8	<input type="checkbox"/> 9-15	<input type="checkbox"/> 16-20	<input type="checkbox"/> 21+
Early Refill Alerts	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11-20	<input type="checkbox"/> 21-30	<input type="checkbox"/> 31+
	(Edit 4205)				
Average # of Non Lock-	<input type="checkbox"/> 0-2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6+
	In Prescribers per year*				
Frequency**	<input type="checkbox"/> 0-1	<input type="checkbox"/> 2-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11-15	<input type="checkbox"/> 16+
CMS-1500 Denials	<input type="checkbox"/> 0-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12	<input type="checkbox"/> 13+
	(Referral not obtained)				
Dismissals	<input type="checkbox"/> 0	<input type="checkbox"/> N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3+
	(Due to non-compliance)				

Emergency Room and Outpatient Services

Of Visits to a Non Lock- ☐ 0-2 ☐ 3 ☐ 4 ☐ 5 ☐ 6+

**In Hospital with a Non-
Emergent Diagnoses**

Total # of Points: _____

- Results:
- ☐ 0 – 10 points = Compliant, Restriction Removed
 - ☐ 11– 20 points = Additional 2 Years of Restriction
 - ☐ 21 – 30 points = Additional 3 Years of Restriction
 - ☐ 31 – 40 points = Additional 4 Years of Restriction
 - ☐ 41+ = Additional 5 Years of Restriction
 - ☐ Verified allegations of forgery, altered prescriptions, dealing drugs or Medicaid card fraud = 5 year restriction.

Additional Comments: _____

Completed by: _____ Date: _____

Supervisor Review Required? ☐ Y ☐ N Reason for Request: _____

Supervisor Comments: _____

Supervisor's Recommendation: _____

*Each pharmacy provider number is only counted once per year

**Total number of times the member used a non lock-in pharmacy or attempted to get prescriptions from a non lock-in prescriber. Provider numbers can be counted more than once.

Revised: 8/9/05

**EXHIBIT C – AD
CONFIRMATION LETTER TO MEMBER OF
CHANGE OF PROVIDER**

<Date>

ADDRESS

RID#: XXXXXXXXXXXXX

Dear :

The purpose of this letter is to provide you with a confirmation of your XXXXXX provider change(s) as of <date>.

Your current active providers are:

Physician	Pharmacy	Hospital
Name	Name	Name
Address	Address	Address

If you have any questions, please contact our office at the following address and phone.

Health Care Excel
ATTN: Restricted Card Program
PO Box 531700
Indianapolis, IN 46253-1700
(Local) 317-347-4527
(Outside of Indianapolis) 800-457-4515

Respectfully,

Restricted Card Program Supervisor
Surveillance and Utilization Review

c: Lock-in Pharmacy

EXHIBIT C – AE MEMBER AUTHORIZATION

Indiana Health Coverage Programs



M E M B E R A U T H O R I Z A T I O N

Section A: The Use and/or Disclosure Being Authorized

Purpose of the use or disclosure: Describe the purpose of the requested use or disclosure. If you, as the Indiana Health Coverage Program (IHCP) member are requesting this authorization and choose not to provide a specific purpose, please write the statement “at the request of the individual” in the space provided below:

Health Information to be used or disclosed: Specifically and meaningfully describe the health information records and the dates of the records you are authorizing be used and/or disclosed. *If this authorization is for notes made by a mental health therapist or psychiatrist, no other type of health information may be listed on this authorization:*

Person or Organization Authorized to Use or Disclose: Name or specifically identify the persons or organizations, including the IHCP, who you are authorizing to make use or disclosure of the health information described above: *Please include the address and phone number for persons and/or organizations other than the IHCP.*

Name: _____

Address: _____ Phone Number: _____

Name: _____

Address: _____ Phone Number: _____

Person or Organization to Receive and Use: Name or specifically describe the persons or organizations, including address and phone number, to whom you are authorizing the IHCP to disclose to or let use the health information described above:

Name: _____

Address: _____ Phone Number: _____

Name: _____

Address: _____ Phone Number: _____

I understand that if the organization authorized to receive the information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations. State health records privacy will still apply to my health information.

Section B: Psychotherapy Notes

☐ Check if this authorization is for notes made by a mental health therapist or psychiatrist.

If this authorization is for notes made by a mental health therapist or psychiatrist, you must *not* use it as an authorization for any other type of health information records.

(Continued)

EXHIBIT C-AE
MEMBER AUTHORIZATION (Continued)

Section C: Expiration and Revocation

Expiration: This authorization will expire as follows (complete one):

- ☐ On ____ / ____ / ____ (DD/MM/YY)
- ☐ On occurrence of the following event (which must relate to the member or to the purpose of the use or disclosure being authorized.):

Right to Revoke: I understand that I may revoke this all or part of this authorization at any time by giving written notice of my revocation to the IHCP Privacy Office information listed below. I understand that revocation of this authorization will *not* affect any action taken in reliance on this authorization before receiving my written notice of revocation.

IHCP Privacy Office
P.O. Box 7260
Indianapolis, IN 46207-7260

Section D: To the member – Complete this section and sign.

Name: _____

Address: _____

City State, ZIP Code: _____ Phone Number: _____

IHCP RID Number: _____ Social Security Number: _____

I, _____, have had the full opportunity to read and consider the contents of _____ this authorization, and I confirm that the contents are consistent with my direction to the IHCP. I understand that, by signing this form, I am confirming my authorization that the IHCP may use or disclose to the persons or organizations named in this form the health information described in this form. I also understand that the IHCP will not condition payment, enrollment, or eligibility for benefits in the IHCP on the signing of this authorization.

Signature: _____ Date: _____

Section E: To the member's personal representative – Complete this section and sign.

If this request is from a personal representative on behalf of the IHCP member, please provide a copy of the documentation to support the representation and complete the following:

Personal Representative's Name: _____ Date: _____

Relationship to IHCP Member: _____

This form must be notarized if submitted by the member's personal representative.

Subscribed and sworn (affirmed) before me this _____ **day of** _____, _____

Signature: _____

Notary Public in and for the state of _____

In the county of _____

(Affix seal) My commission expires: _____

You are entitled to a copy of this authorization after you sign it.

Please mail this completed form to the following address:
Health Care Excel, Inc.
Indiana Medicaid Medical Policy and Review Services
Attn: Restricted Card Program Supervisor -
Surveillance and Utilization Review
P.O. Box 531700
Indianapolis, IN 46253-1700

EXHIBIT C – AF
MEMBER AUTHORIZATION
Instructions for Completion

Indiana Health Coverage Programs



M E M B E R A U T H O R I Z A T I O N

Section A: The Use and/or Disclosure Being Authorized

Purpose of the use or disclosure: Describe the purpose of the requested use or disclosure. If you, as the Indiana Health Coverage Program (IHCP) member are requesting this authorization and choose not to provide a specific purpose, please write the statement “at the request of the individual” in the space provided below:

Restricted Card maintenance

Health Information to be used or disclosed: Specifically and meaningfully describe the health information records and the dates of the records you are authorizing be used and/or disclosed. *If this authorization is for notes made by a mental health therapist or psychiatrist, no other type of health information may be listed on this authorization:*

All medical information and/or records, other than notes by a mental health therapist or psychiatrist
regarding the maintenance of my restricted card

Person or Organization Authorized to Use or Disclose: Name or specifically identify the persons or organizations, including the IHCP, who you are authorizing to make use or disclosure of the health information described above:
Please include the address and phone number for persons and/or organizations other than the IHCP.

Name: Health Care Excel Restricted Card Program, and all Restricted Card Program personnel

Address: P.O. Box 531700, Indianapolis, IN 46253-1700 Phone Number: 800-457-4515

Name: Indiana Health Coverage Programs (IHCP) – Medicaid

Address: _____ Phone Number: _____

Person or Organization to Receive and Use: Name or specifically describe the persons or organizations, including address and phone number, to whom you are authorizing the IHCP to disclose to or let use the health information described above:

Name: Name of person or organization authorized to obtain protected health information

Address: Person or organization’s address Phone Number: Person’s phone

Name: Name of second person or organization to obtain protected health information

Address: Second person’s address Phone Number: Person’s phone

I understand that if the organization authorized to receive the information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations. State health records privacy will still apply to my health information.

Section B: Psychotherapy Notes

☐ Check if this authorization is for notes made by a mental health therapist or psychiatrist.

If this authorization is for notes made by a mental health therapist or psychiatrist, you must *not* use it as an authorization for any other type of health information records.

(Continued)

EXHIBIT C – AF
MEMBER AUTHORIZATION (Continued)
Instructions for Completion

Section C: Expiration and Revocation

Expiration: This authorization will expire as follows (complete one): (Check one of the boxes.)

- ☐ On ____ / ____ / ____ (DD/MM/YY)
- ☐ On occurrence of the following event (which must relate to the member or to the purpose of the use or disclosure being authorized.):

Termination of the current restricted card time period

Right to Revoke: I understand that I may revoke this all or part of this authorization at any time by giving written notice of my revocation to the IHCP Privacy Office information listed below. I understand that revocation of this authorization will *not* affect any action taken in reliance on this authorization before receiving my written notice of revocation.

HCP Privacy Office
P.O. Box 7260
Indianapolis, IN 46207-7260

Section D: To the member – Complete this section and sign.

Name: _____ Member's Name

Address: _____ Member's Address

City State, ZIP Code: _____ Member's City, State, Zip Code _____ Phone Number: _____ Number with area code

IHCP RID Number: _____ Member's RID (Medicaid Number) _____ Social Security Number: _____ Member's SS#

I, Member's name printed, have had the full opportunity to read and consider the contents of this authorization, and I confirm that the contents are consistent with my direction to the IHCP. I understand that, by signing this form, I am confirming my authorization that the IHCP may use or disclose to the persons or organizations named in this form the health information described in this form. I also understand that the IHCP will not condition payment, enrollment, or eligibility for benefits in the IHCP on the signing of this authorization.

Signature: _____ Member's Signature _____ Date _____ Date signed by Member

Section E: To the member's personal representative – Complete this section and sign.

If this request is from a personal representative on behalf of the IHCP member, please provide a copy of the documentation to support the representation and complete the following:

Personal Representative's Name: _____ Complete if member cannot sign form above. _____ Date: _____ Date representative signed

Relationship to IHCP Member: _____ State if spouse, family member, guardian, other

This form must be notarized if submitted by the member's personal representative.

Subscribed and sworn (affirmed) before me this _____ day of _____, _____

Signature: _____ Notary's signature

Notary Public in and for the state of _____

In the county of _____

(Affix seal)

My commission expires: _____

You are entitled to a copy of this authorization after you sign it.

Please mail this completed form to the following address:

Health Care Excel, Inc.
Indiana Medicaid Medical Policy and Review Services
Attn: Restricted Card Program Supervisor -
Surveillance and Utilization Review
P.O. Box 531700
Indianapolis, IN 46253-1700

EXHIBIT C – AG
EMERGENCY ROOM EDUCATION LETTER
ALERT THAT RESTRICTION MAY BE EXTENDED

Date

Member Name

Address

RID#:

Dear _____:

A review of your emergency room visits has resulted in a concern that your use of emergency room services may not be appropriate.

The goal of the IHCP Restricted Card Program is to improve the quality of healthcare coverage by management through a primary care physician. Use of any and all services is to be approved by your primary care physician. During the time of the restriction and at the end of your restriction period, we will be monitoring use of services, including the use of the emergency room. If we find that you have not been using services appropriately, the time period of your restriction will be extended.

You should always contact your primary care physician before seeking treatment at the emergency room.

Emergency room benefits are intended only to provide care for “Major Injuries” or “Life-Threatening” conditions.

Examples of correct use may include:

1. Unconsciousness
2. Severe trouble breathing
3. Severe chest pain
4. Swallowing something poisonous
5. Overdose of drugs
6. Uncontrollable bleeding

Examples that may not be correct:

1. Headaches,
2. Lumbago (chronic back pain),
3. Chronic joint pain,
4. Dental pain,
5. Chronic conditions i.e. sinusitis, bronchitis
diabetes etc.

Please be aware that without approval from your primary care physician to be sure he or she agrees the visit is necessary, we consider it incorrect use of the emergency room. We will not be able to approve Medicaid payment for emergency room service or related prescriptions without the physician’s referral. Although, in the past, you may not have found yourself financially responsible for these services, be aware that you can be held financially responsible for any services not approved by your primary care physician.

If we find that you have not been using services appropriately, the time period of your restriction will be extended.

EXHIBIT C – AG
EMERGENCY ROOM EDUCATION LETTER (Continued)
ALERT THAT RESTRICTION MAY BE EXTENDED

If you have any questions please contact our office:

Health Care Excel
ATTN: Restricted Card Program
PO Box 531700
Indianapolis, IN 46253-1700
(Local) 317-347-4527
(Outside of Indianapolis) 800-457-4515

Respectfully,

Restricted Card Program Supervisor
Surveillance and Utilization Review

EXHIBIT C – AH MEMBER EDUCATION LETTER

Date

ADDRESS

RID#: XXXXXXXXXXXXX

Dear Ms. XXXX:

A review of your utilization while on the Restricted Card Program has resulted in a concern that your use of IHCP Medicaid services may not be appropriate. Your claim history indicates that you have continued to over-utilize Medicaid services and have not been in compliance with the Restricted Card Program.

The goal of the IHCP Restricted Card Program is to improve the quality of healthcare coverage by management through a primary care physician. Use of any and all services is to be approved by your primary care physician. During the time of the restriction and at the end of your restriction period, we will be monitoring your use of services.

A recent review of submitted claims indicates the following.

- You have obtained, or attempted to obtain, services or prescriptions from physicians for which we have not received referrals from your primary care physician.
- You have attempted to fill prescriptions at one or more pharmacies that is/are not your lock-in pharmacy.
- You have visited the emergency room for services that may not be considered emergency treatment.
- You have visited one or more emergency rooms that are not at your lock-in hospital for problems that are not generally considered to be life threatening.

You should always contact your primary care physician for a referral before seeking treatment from any other physician, including the emergency room. Emergency room benefits are intended only to provide care for “Major Injuries” or “Life-Threatening” conditions.

Please be aware that without approval from your primary care physician to be sure he or she agrees the visit is necessary, we consider unapproved use of emergency services, physicians, and pharmacies as inappropriate. We will not be able to approve Medicaid payment for those services and related prescriptions without the primary care physician’s referral. Please be aware that you can be held financially responsible for any services not approved by your primary care physician.

If we find that you have not been using services appropriately, the time period of your restriction will be extended.

EXHIBIT C – AH
MEMBER EDUCATION LETTER (Continued)

Please be advised that your utilization will be reviewed again in three months. If it appears that you have not been using services appropriately, it will be necessary to restrict your physician and hospital services in addition to your pharmacy services.

If you have any questions please contact our office:

Health Care Excel
ATTN: Restricted Card Program
PO Box 531700
Indianapolis, IN 46253-1700
(Local) 317-347-4527
(Outside of Indianapolis) 800-457-4515

Respectfully,

Restricted Card Program Supervisor
Surveillance and Utilization Review

EXHIBIT C – AI
PHARMACY ONLY TO FULL RESTRICTION NOTIFICATION

DATE

ADDRESS

RID#: XXXXXXXXXXXXX

Dear Mr./Ms. XXXX:

A review of your utilization while on the Restricted Card Program has resulted in a concern that your use of IHCP Medicaid services may not be appropriate. Your claim history indicates that you have continued to over-utilize Medicaid services and have not been in compliance with the Restricted Card Program.

The goal of the Indiana Health Coverage Programs Restricted Card Program is to improve the quality of healthcare coverage by management through a primary care physician. Use of any and all services is to be approved by your primary care physician. During the time of the restriction and at the end of your restriction period, we will be monitoring your use of services.

A recent review of submitted claims indicates one or more of the following issues:

- You have obtained same or similar medications from multiple prescribers concurrently. It is not clear that the prescribers are aware of what other physicians are prescribing.
- You have attempted to fill prescriptions at one or more pharmacies that are not your lock-in pharmacy.
- You have visited the emergency room on multiple occasions for services that may not be considered emergency treatment.

At the time your restriction was put in place, it was decided to implement only a restriction on your pharmacy location.

It does not appear that this restriction alone has prevented overutilization and/or misutilization of services. We sent an education letter on _____ to advise you of your use of _____ (emergency room/physician/pharmacy) services. You have continued to overutilize and/or misutilize services. Therefore, your restriction, for the remainder of your period of restriction, will now also apply to physicians who provide medical care, hospital services and prescriptions. Please contact our office within 15 calendar days to select your primary care physician and hospital.

EXHIBIT C – AI

PHARMACY ONLY TO FULL RESTRICTION NOTIFICATION (Continued)

Primary Care Physician – Referrals to Other Providers

If your primary care physician determines you need to see another physician, your primary care physician must provide a written referral indicating the reason and permission for you to go to this provider. This means that if you receive services from any physician, pharmacy, or hospital/emergency room other than the specific ones you are restricted to without a written referral from your primary care physician, you will be responsible for paying those bills. Medicaid will not pay for visits to any providers, other than those you are restricted to without a written referral from your assigned primary care physician.

The **ONLY** exception will be for a true medical emergency where emergency services are required. A true **medical** emergency is a life-threatening situation in which your health is at serious risk, or which may result in death if not treated immediately. Fees for any non-emergency visits to an emergency room may be your responsibility to pay.

How to Choose Your Restricted Providers

You may choose your restricted providers by calling the Restricted Card Reviewer at HCE within 10 calendar days of your receipt of this letter. **Prior to calling HCE to select your restricted provider, please have available the name, address and telephone number of the physician that you intend to select.** During the call, the Restricted Card Reviewer will answer any questions you may have about the program.

If you do not contact the Restricted Card Reviewer at HCE within that time period, a primary care physician and hospital/emergency room will be selected for you. In either case, a confirmation letter will be sent to you explaining what providers have been chosen.

To select your providers, please contact HCE at:

Indianapolis area: 317-347-4527, option 2; or
Outside of Indianapolis 800-457-4515, option 2.

Once you have chosen your restricted providers (or they have been chosen for you if you do not call), you may not request a change in restricted providers for twelve (12) months, with the following exceptions.

1. Another health care provider would better treat your condition or illness.
2. You move too far away from your primary doctor.
3. Your primary doctor moves too far away from you.
4. Your doctor discharges you or terminates your care.
5. Your doctor no longer sees IHCP members.

EXHIBIT C – AI
PHARMACY ONLY TO FULL RESTRICTION NOTIFICATION (Continued)

If any of these situations do occur, you must contact the Restricted Card Reviewer at HCE immediately to receive instructions on how to request a change.

In addition, if you continue to misuse Medicaid covered services, the Restricted Card Program may change your providers more often than twelve months and select a more appropriate provider to assist with managing your use of Medicaid covered services.

Your Right to Appeal

If you disagree with this restriction, you have thirty (30) calendar days from the date you received this letter to exercise your right to appeal this decision. If you appeal within ten (10) calendar days, the restriction will not be implemented until the resolution of that appeal. If you chose not to exercise your right to appeal within the first ten (10) calendar days of receipt of this letter, you still have an additional twenty (20) calendar days from the date of this letter, to file an appeal. However, in this case your restriction will be implemented and take effect right away. You will remain restricted until the hearing and the decision of the Administrative Law Judge as to whether you will continue to be restricted.

Your appeal must be sent to the address below.

MSO4

Indiana Family and Social Services Administration

Hearings and Appeals

402 W. Washington Street

Room W392

Indianapolis, IN 46202

When your appeal request is received, an administrative hearing will be scheduled under the provisions of federal law (42 CFR 431.200 et. seq.) and state law (405 IAC 1.1). You have a right to represent yourself at your hearing. A lawyer, a friend, a relative, or anyone else you choose can also represent you. You have the right to examine any documents used by the Restricted Card Program to decide your case. Following the hearing, an Administrative Law Judge will decide whether or not you will be restricted.

If you have questions regarding this restriction, please contact our office.

By mail:

Health Care Excel
ATTN: Restricted Card Program
PO Box 531700
Indianapolis, IN 46253-1700

By phone:

Local Calls 317-347-4527
Outside Indianapolis 800-457-4515

Sincerely,

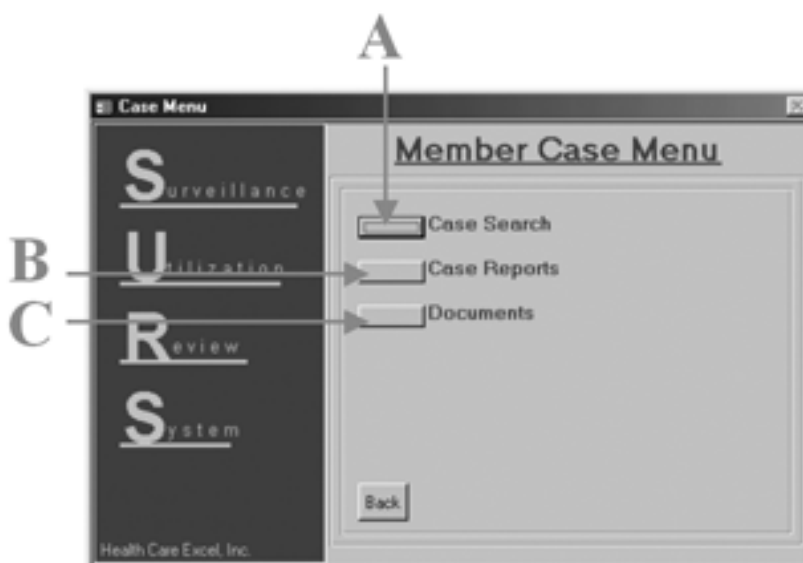
Restricted Card Program Supervisor
Surveillance and Utilization Review

D. SURS Database – RCP

The RCP utilizes a Microsoft Access® database to document and monitor all activities involving members in the RCP called the Surveillance and Utilization Review Systems (SURS).

The Figures outlined in the following pages represent the various windows utilized in the SURS database for the RCP. Included with each Figure is a description of each field and an explanation of which staff members update each screen.

**FIGURE I – 12
MEMBER CASE MENU**



Completed by all SUR staff

Location		Description
A	Case Search	Initiates a search for a particular member
B	Case Reports	Initiates a search for a particular member report
C	Documents	Reserved for future functions

FIGURE I – 13
MEMBER CASE SEARCH

The screenshot shows a software window titled 'Case Search'. On the left is a dark sidebar with the text 'SURveillance Utilization Review System' and 'Health Care Excel, Inc.' at the bottom. The main area is titled 'Member Case Search' and contains the instruction 'Enter criteria for your search.' Below this are five input fields: 'Tracking Number', 'Medicaid Number', 'Member Last Name', 'First Letter of Member First Name', and 'Reviewer'. At the bottom of the main area are two buttons: 'Back' and 'Search'. Labels A through G are placed around the form with arrows pointing to specific elements: A points to the 'Tracking Number' field, B to the 'Medicaid Number' field, C to the 'Member Last Name' field, D to the 'First Letter of Member First Name' field, E to the 'Reviewer' field, F to the 'Back' button, and G to the 'Search' button.

Completed by all SUR staff

Location	Description
A Tracking Number	Locates a member case by the tracking number
B Medicaid Number	Locates a member case by the Medicaid number
C Member Last Name	Locates a member case by the last name
D First Letter of Member First Name	Further defines case search by member's name
E Reviewer	Locates a case by the reviewer's number
F Back	Returns the search to the previous screen
G Search	Starts the search by the criteria entered

FIGURE I – 14
MEMBER CASE LOG OVERVIEW

The screenshot shows the 'SURS Case Log' window. It has a menu bar (File, Edit, Insert, Records, Window, Help) and a toolbar. The main area is divided into several sections. Callout A points to the top section containing 'Member' (Last, First), 'Medicaid Number', 'Reviewer' (63 Shauna Hancock), and 'Previous Reviewers and Date Reassigned'. Callout B points to the middle section containing 'Current Case Status' (02 Restriction Initiated), 'Status History' (01 Pending Restriction 6/30/03), 'Case Status Date' (7/1/03), 'Appeal Filed', and 'Medical Policy Referral'. Callout C points to the bottom section containing 'Restriction Information' (Restriction Start Date, Length of Restriction: 2 Years, 4 Years), 'Type of Overutilization' (Overutilization of Emergency Room, Overutilization of Doctor Office, Overutilization of Pharmacy), 'Myers & Stauffer Selection Criteria' (Doctor/Pharmacy Shopping, Selection Criteria 2 (TBD), Selection Criteria 2 (TBD)), 'Notify Reviewer', 'Notify Supervisor', 'Case Report', 'Print View', 'Save Record', and 'Exit'.

Completed by all SUR staff

Location	Description
A Case Summary	Member identification information
B Case Details	Definition of the member's current status in RCP
C Notification / View Options	Staff communication and screen view options

FIGURE I – 15
MEMBER CASE LOG – MEMBER SUMMARY

The screenshot shows a form titled "Case Log". It contains several input fields and dropdown menus. Labels A through I point to the following fields:

- A**: Title (Mr., Mrs., Ms., Miss, Dr.)
- B**: Last name
- C**: First name
- D**: Medicaid Number
- E**: Reviewer (Reviewer number and name)
- F**: Tracking Number
- G**: Received Date
- H**: Source
- I**: Previous Reviewers and Dates

Completed by RCP staff or SUR Management

Location	Description
A Title	Mr., Mrs., Ms., Miss, Dr.
B Last	Last name
C First	First name
D Medicaid Number	Medicaid number
E Reviewer	Reviewer number and name
F Tracking Number	RCP member case tracking number
G Received Date	Date that the case was referred or opened
H Source	Source that caused the case to be opened
I Previous Reviewers and Dates	Other staff previously assigned to the case

FIGURE I – 16
MEMBER CASE LOG – STATUS TAB

The screenshot shows a web-based interface for managing member cases. At the top, there are tabs: Status, Member Info, Letters, Notes, Appeals, 1800 Report, Hide, File Tracking, Lock-In Provider, and Status History. The main content area is divided into several sections:

- Review Levels:** Contains fields for Level 1, Level 2, Level 3, Level 4, and Level 5, each with a date field. Labels A and B point to these fields.
- Restriction Information:** Includes fields for Restriction Start Date (labeled D), Length of Restriction (with radio buttons for 2 Years, 4 Years, and 5 Years, labeled E), and Restriction Review Date (labeled F).
- Reason for Closure:** A dropdown menu labeled C.
- Current Case Status:** A dropdown menu labeled H.
- Case Status Date:** A date field labeled I.
- Appeal Filed:** A date field labeled J.
- Medical Policy Referral:** A checkbox labeled K.
- Status History:** A table showing a history of status changes, with a date field labeled L.
- Type of Overutilization:** A list of checkboxes including Overutilization of Emergency Room, Overutilization of Doctor Office, Overutilization of Pharmacy, Narcotics, Commonly Abused Drugs, and Other Drugs. Label M points to this section.
- Myers & Stauffer Selection Criteria:** A list of checkboxes including Doctor/Pharmacy Shopping, Selection Criteria 2 (TBD), and Selection Criteria 2 (TBD). Label N points to this section.
- Special Instructions:** A text area labeled G.

Completed by RCP staff

Location	Description
A Level Information	Dates of Restricted Card levels
B Follow-Up Date	For closed cases, date of next review
C Reason for Closure	Reasons for case closure
D Restriction Start Date	Date that the restriction was implemented
E Length of Restriction	Length of the restriction period (two to five years)
F Restriction Review Date	Date when final compliance review is due
G Special Instructions	An alert message regarding member information
H Current Case Status	Current status of the member's case
I Case Status Date	Date when the current case status began
J Appeal Filed	Date when IFSSA received the member's appeal
K Medical Policy Referral	Checked if a Medical Policy Referral
L Status History	Types of member's misuse or overutilization
M Type of Overutilization	Description of member's overutilization
N Myers and Stauffer Criteria	Myers & Stauffer database thresholds

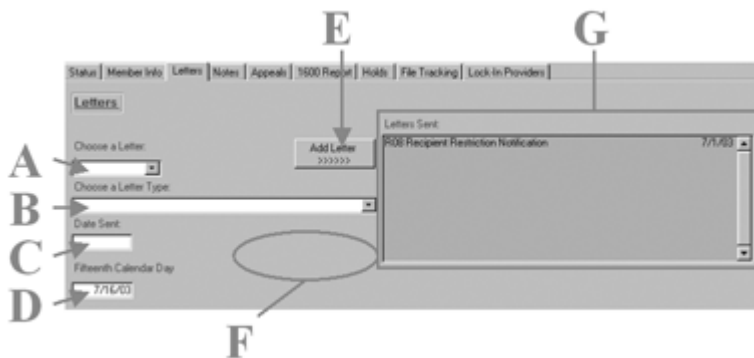
FIGURE I – 17
MEMBER CASE LOG – MEMBER INFO TAB

The screenshot shows a web-based form titled 'MEMBER CASE LOG – MEMBER INFO TAB'. The form is divided into several sections. At the top, there are tabs: 'Status', 'Member Info', 'Letters', 'Notes', 'Appeals', '1800 Report', 'HHS', 'File Tracking', and 'Lock-In Providers'. The 'Member Info' tab is selected. Below the tabs, there are two main sections: 'Member Information' and 'County Information'. The 'Member Information' section includes fields for 'Address' (City, State, Zip, County, Phone), 'Enrollment Category' (with a dropdown menu), 'Program' (with a dropdown menu), 'Birthdate', and 'Social Security Number'. The 'County Information' section includes fields for 'CaseWorkerID', 'Cw Last Name', 'Cw First Name', 'Cw Address', 'Cw City', 'Cw State', 'Cw Zip', 'Cw Phone', and 'Cw County'. Below these sections is a 'Related Cases' table with columns for 'Related PID', 'Related Name', and 'Related Description'. Labels A through H point to specific fields: A points to the 'Address' section, B points to the 'Existing Referrals' section, C points to the 'Enrollment Category' dropdown, D points to the 'Program' dropdown, E points to the 'Birthdate' field, F points to the 'Social Security Number' field, G points to the 'County Information' section, and H points to the 'Related Cases' table.

Completed by RCP staff

Location	Description
A Member Contact Information	Member's address and phone number
B Existing Referrals	Displays referrals to RCP
C Enrollment Category	Reason for Medicaid eligibility
D Program	Type of Medicaid program enrollment
E Birthdate	Member's date of birth
F Social Security Number	Member's Social Security Number
G County Information	DFC caseworker identification information
H Related Cases	Other cases related to the member, e.g. family

FIGURE I – 18
MEMBER CASE LOG – LETTERS TAB



Completed by RCP staff

Location	Description
A Choose a Letter	Selects a member or provider letter
B Choose a Letter Type	Selects a specific letter that was mailed
C Date Sent	Date that the letter was mailed
D Fifteenth Calendar Day	Earliest possible date for restriction implementation
E Add Letter	Moves the selected letter into the Letters Sent box
F Add and Print Letter	Allows letters to be generated for printing
G Letters Sent	History of letters sent to the member

FIGURE I- 19
MEMBER CASE LOG – NOTES TAB

The screenshot shows the 'Notes' tab in a software interface. At the top is a navigation bar with tabs: Status, Member Info, Letters, Notes (selected), Appeals, 1600 Report, Holds, File Tracking, Lock-In Providers, and Compliance Review. Below the navigation bar, on the left, are three callouts: 'A' points to a 'Reviewer:' dropdown menu showing 'Jeff Keller'; 'B' points to an 'Action Required' checkbox; 'C' points to a 'View Reviewer Notes Report' button. In the center is a large text area for notes. Above this area are three callouts: 'D' points to the top of the notes area; 'E' points to the section titled 'Notes since 08/28/2003:' which contains a blue-shaded entry dated '2/10/2004 8:16:19 AM - Notes - Tracy McKelvie' with the text 'Member autorestricted for 3 yrs.'; 'F' points to the section titled 'Notes prior to 08/28/2003:' which contains a 'REFERRAL NOTES:' entry dated '1/16/2004 3:06:39 PM' with detailed text about a member's ER usage and provider utilization. On the right side of the notes area is a callout 'G' pointing to a green '+ Add Note' button.

Completed by all SUR staff and Management

Location	Description
A Reviewer Name	Name of reviewer making the note entry
B Action Requested	Allows entry to be sent by email if checked
C Reviewer Notes	Location where reviewer enters notes
D Notebook Initial Entry	Initial location of the reviewer's notes
E Notebook Entry since 08/28/03	Final location of the reviewer's notes
F Notebook Entry prior to 08/28/03	Final location of the reviewer's notes

FIGURE I – 20
MEMBER CASE LOG – APPEALS TAB

The screenshot shows the 'Appeals' tab in a software application. The interface includes a top navigation bar with tabs: Status, Member Info, Letters, Notes, Appeals, IFSSA Report, Hold, File Tracking, and Lock-In Providers. The 'Appeals' tab is active. Below the navigation bar, there are several sections:

- Section A:** 'Dates Appeal Received' with a dropdown menu.
- Section B:** 'Cause Number' with a text input field.
- Section C:** 'Reviewer Assigned' with a dropdown menu.
- Section D:** 'Hearing Date' and 'Hearing Time' with text input fields.
- Section E:** 'Appeal Status' with a dropdown menu and 'Add Status' button.
- Section F:** 'ALJ Assigned' with a text input field.
- Section G:** 'Date Dismissal Letter Rec'd' with a text input field.
- Section H:** 'Appeal Status Tracking' with a large text area.
- Section I:** 'Appeal Notes' with a large text area.
- Section J:** 'Write to Notebook' button.
- Section K:** 'Notebook' section with a large text area.
- Section L:** 'Packet Information' section with checkboxes for 'M & S Packet Requested', 'Date Requested', 'Date Completed', 'Hearing Completed', and 'Hearing Complete Date'.

Completed by the RCP Reviewer

Location	Description
A Dates Appeal Received	Date the member's appeal was received by IFSSA
B Cause Number	Cause number assigned by IFSSA
C Reviewer Assigned	Staff member assigned to process member's appeal
D Hearing Date and Time	Hearing assignment information
E Appeal Status and Date	Hearing actions
F ALJ Assigned	Name of the administrative law judge
G Date Dismissal Letter Rec'd	Date when IFSSA received dismissal letter
H Appeal Status Tracking	Descriptive information regarding the appeal
I Appeal Notes	Appeal related information
J Write to Notebook	Moves Appeal Notes to the Notebook
K Notebook	Permanent location of the Appeal Notes
L Packet Information	Packet preparation information

FIGURE I – 21
MEMBER CASE LOG – 1600 REPORT TAB

The screenshot shows the '1600 Report' tab selected in a software interface. The tab contains a form with the following elements:

- Labels A and B:** Point to the 'Date Ordered' and 'Date Received' fields, and the 'Audit Begin Date' and 'Audit End Date' fields, respectively.
- Label C:** Points to the 'Comments' text area.

Completed by RCP staff

Location		Description
A	Dates Ordered and Received	Ordering information for the SUR 1600 Report
B	Audit Dates	Utilization review period of the member's claims
C	Comments	Staff comments related to report ordering

FIGURE I – 22
MEMBER CASE LOG – HOLDS TAB

The screenshot shows a software interface for the 'Holds' tab. At the top is a navigation bar with tabs: Status, Member Info, Letters, Notes, Appeals, 1600 Report, Holds, File Tracking, and Lock-In Providers. The 'Holds' tab is active. Below the navigation bar, there are three main sections. On the left, a box labeled 'Assistant US Attorney Involved?' contains a checkbox and two date fields labeled 'Start Date' and 'End Date'. In the center, a box labeled 'OMPP Hold Information' contains two date fields labeled 'Begin Date of OMPP Hold' and 'End Date of OMPP Hold'. On the right, a large text area labeled 'Notes Related to OMPP Hold' is present, with an 'Add/Update OMPP Hold' button below it. Labels A through E point to specific elements: A points to the 'Appeals' tab, B points to the 'Assistant US Attorney Involved?' checkbox, C points to the 'OMPP Hold Information' box, D points to the 'Notes Related to OMPP Hold' text area, and E points to the 'Add/Update OMPP Hold' button.

Completed by RCP staff or SUR Management

Location	Description
A Assistant US Attorney Involved?	Checked if applicable to case
B Start and End Dates	Dates of US Attorney General's involvement
C OMPP Hold Dates	Dates of OMPP Hold
D Notes Related to OMPP Hold	Information related to the OMPP hold
E Add/Update OMPP Hold	Moves Notes to the Notebook

FIGURE I – 23
MEMBER CASE LOG – FILE TRACKING TAB

The screenshot shows the 'File Tracking' tab in a software application. The interface is divided into several sections: 'Outguide Information' at the top, 'Purged / Retrieved Information' in the middle, and 'Additional Comments' and 'History' at the bottom. Callout letters A through O point to specific elements: A points to the 'In / Out' checkboxes; B points to the 'Outguide Date' field; C points to the 'Reviewer' dropdown; D points to the 'Print Outguide' button; E points to the 'Outguide Notes' text area; F points to the 'Outguide History' table; G points to the 'File Purged' checkbox; H points to the 'Member Case File' checkbox; I points to the 'Purged Internal' checkbox; J points to the 'Purged Offsite' checkbox; K points to the 'Date Sent' field; L points to the 'Destruction Date' field; M points to the 'Box/Env #' field; N points to the 'Additional Comments' text area; and O points to the 'History' table.

Completed by RCP staff

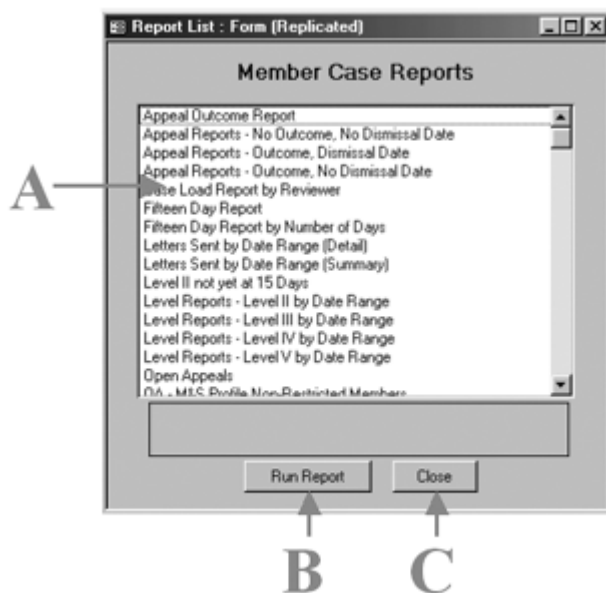
Location	Description
A In / Out	Indicates if paper file is in or out of file drawer
B Outguide Date	Date when file removed from file drawer
C Reviewer	Reviewer number and name
D Print Outguide	Prints paper outguide to be used in file drawer
E Outguide Notes	Information related to the file's removal
F Outguide History	Past information about the file's removal
G File Purged	Date when file is removed from active file drawer
H Member Case File	Indicator that file is in an active drawer
I Purged Internal	File was shredded at HCE
J Purged Offsite	File was shredded at outside location
K Date Sent	Date when file was sent to an outside location
L Destruction Date	Date file was shredded
M Box/Env #	Location of file in storage
N Additional Comments	Related information about the file's location
O History	History of the file's movement

FIGURE I – 24
MEMBER CASE LOG – LOCK-IN PROVIDERS TAB

Completed by RCP staff

Location	Description
A Physician Information	Primary care physician (PCP) identification
B Pharmacy Information	Lock-in pharmacy information
C Hospital Information	Lock-in hospital information
D Provider Contact Information	Provider address and phone number
E Effective and End Dates	Dates of provider lock-in
F Change Provider	Allows for change from current provider
G Edit Provider's Info	Allows for update of current provider information
H Other Current Providers	Referral providers on the member's lock-in list
I Add Other Provider	Adds referral providers to the record
J Show History	Shows history of the member's past providers
K Print Report	Prints a report of all provider information

FIGURE I – 25
MEMBER CASE REPORTS



Completed by RCP staff or SUR Management

Location		Description
A	Report List	Titles of all available RCP reports
B	Print Report	Prints the selected report
C	Close	Ends the use of the report section

INDEX

	Page Number
Member Utilization	I – 1
Overview	I – 1
Restricted Card Program Procedures	I – 1
SURS Database – RCP	I – 90
Template Letters and Forms – RCP	I – 25

APPENDIX - A

DATE OF REVISION	REVISION NUMBER	REVISED AND/OR NEW PAGES	DESCRIPTION	APPROVED
8/12/05	2	i	Updated: Page number on Table of Contents Added: Item 24. Release of Member Protected Health Information	8/15/05
8/12/05	2	I - 2	Updated: 2.a. Changed Figures I – A through A – S to Figures I – 1 through I – 5	8/15/05
8/12/05	2	I - 5	Added: Sentence 3.a. To promote personal safety of RCP staff members, only the first name and last initial of the RCP staff will be used on member and provider correspondence. A pseudonym for the last name may also be used. 3.c. A letter is sent to the member confirming the provider selections. See Exhibit C – D.	8/15/05
8/12/05	2	I - 8	Added: Sentence 4.a. The time periods apply to both the appeal of an initial restriction, as well as an appeal of a continued restriction after a compliance review.	8/15/05
8/12/05	2	I - 9	Deleted: Item d. Program Integrity Specialist or a	8/15/05
8/12/05	2	I - 13-14	Updated: Figure I – 9 Figure I – 10 7. c. Level 3 – This level is used when the restriction is implemented in IndianaAIM (Restriction Implemented). It is used when the member is appealing restriction <u>either inside or outside the 10-day limit implemented, either from the initial restriction, or after a compliance review.</u>	8/15/05
8/12/05	1	I - 16	Deleted: Item 10. weekly Item 11. SUR Supervisor	8/15/05
8/12/05	1	I - 21	Replaced: The IHCP Provider Manual 2003-2005 includes instructions on how to file a paper claim in Chapter 9.	8/15/05
8/12/05	1	I - 23	Replaced: Item 22. f. Exhibits C – C through C – J Exhibits C - W. Added: If a member is on a pharmacy only restriction and is found to be overutilizing or misutilizing services on an interim review, an education letter will be sent. A second interim review will be conducted in three months. If overutilization or misutilization has persisted, the member will be sent a letter to notify him or her that the restriction has been changed from a pharmacy only to full restriction. The member may appeal this action. See Exhibit C – AI.	8/15/05

8/12/05	1	I – 24-25	Added: Item 22.k. OMPP is notified monthly of the members moved into RBMC. OMPP will then notify the MCO of these members’ names. Item 23. Exhibits C – YA through C – YC Item 24., a., b., c. Updated: Documentation will be placed in the member’s paper file or departmental files as appropriate.	8/15/05
8/12/05	1	I - 31-36, 39, 42, 44-45, 56-57, 59-60, 64-66, 75, 78	Updated: Signature line revised to read Restricted Card Program Supervisor	8/15/05
8/12/05	1	I - 38,41,73	Updated: Fax number	8/15/05
8/12/05	2	I - 47	Updated: Fax number	
8/12/05	2	I - 48	Updated: Corrected the spelling of Myers and Stauffer	8/15/05
8/12/05	2	I - 54	Updated: Bullets changed to begin with The State recommends	8/15/05
8/12/05	1	I - 61	Added: Title INTERIM REVIEW BEFORE THE END OF THE RESTRICTION PERIOD	8/15/05
8/12/05	1	I - 67	Added: Title RESTRICTION IMPLEMENTATION	8/15/05
8/12/05	New Page	I - 68	Added: EXHIBIT C – YA	8/15/05
8/12/05	New Page	I - 69	Added: EXHIBIT C – YB	8/15/05
8/12/05	New Page	I - 70	Added: EXHIBIT C – YC	8/15/05
8/12/05	New Page	I - 72	Added: EXHIBIT C – ZA	8/15/05
8/12/05	1	I – 76-77	Updated: EXHIBIT C – AC	8/15/05
8/12/05	New Page	I - 83-84	Added: EXHIBIT C – AG	8/15/05
8/12/05	New Page	I - 85-86	Added: EXHIBIT C – AH	8/15/05
8/12/05	New Page	I - 87-89	Added: EXHIBIT C – AI	8/15/05
8/12/05	2	Index-1	Updated: Page numbers	8/15/05